FOUNDATION FOR AGING POLICY IN THE 90's: THE 1987 OLDER AMERICANS ACT AMENDMENTS

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

FEBRUARY 7, 1990

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FOUNDATION FOR AGING POLICY IN THE 90's: THE 1987 OLDER AMERICANS ACT AMENDMENTS

WEDNESDAY, FEBRUARY 7, 1990

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES,
Washington, DC

The subcommittee met, pursuant to notice, at 10:05 a.m., in room B-318, Rayburn House Office Building, Hon. Thomas J. Downey (chairman of the subcommittee) presiding.

Present: Representatives Downey, Pallone, and Snowe.

Staff Present: John Olinger, majority staff director; Moya Benoit, majority research assistant; Natalie Cannon, minority staff director; Dari Minzner, minority research assistant; and Linda Fries, minority staff assistant.

OPENING STATEMENT OF REPRESENTATIVE THOMAS J. DOWNEY

Mr. DOWNEY. The subcommittee will come to order. Ms. Snowe is at a Republican conference and will be here at 10 or 10:30, so we will begin this hearing. As Members arrive, they can avail themselves of the opportunity to make opening statements.

It is my pleasure to convene the subcommittee hearing today and to welcome our distinguished witness, Dr. Joyce Berry, for the first time before a congressional committee as the President's nominee for Commissioner of the Administration on Aging. First of all, let me take this opportunity to personally congratulate you, Joyce. It is great news to the members of this subcommittee, both majority and minority, and to all of the elderly in this country. It is an outstanding appointment.

I hope that doesn't hurt you in your confirmation process.

Dr. BERRY. Thank you.

Mr. DOWNEY. We are delighted that it has taken place. I am also confident that this formal appointment will allow the Administration on Aging to grow and move confidently into the nineties, and I look forward to continuing the work with you in the coming months.

In that light, I am pleased that you appear before the subcommittee this morning to discuss the implementation of P.L. 100-175, the Older Americans Act Amendments of 1987. This hearing is the first in a series of hearings that the subcommittee will hold in anticipation of the 1991 reauthorization of the Older Americans Act. As you know, the Subcommittee on Human Services of the Select

Committee on Aging has had a long involvement with the Older Americans Act, and it is because of this involvement that we have convened this hearing today. In preparing the Members for reauthorization, it is important that we learn your views on how the act is being implemented and what concerns you have for its future implementation.

The last reauthorization, which occurred in 1987, was merely, as we know, a fine-tuning of the act, and it is imperative that we begin this process now to determine what our course of action should be for 1991. Future hearings will focus on the specific concerns of the aging network and on specific titles of programs in the act itself.

As chairman of this subcommittee, I recognize the close cooperation that has existed between the Administration on Aging and Congress since you took over the position of Acting Commissioner on April 1, 1989. In addition, your annual statement of goals released on September 1, 1989 depicts an active and ambitious agenda.

It is indeed unfortunate that the President's budget for Fiscal Year 1991 does not paint a better fiscal picture for many of the Older Americans Act programs administered by the Administration on Aging, to enable you to meet your goals with the most resources possible. However, I know what you have to say here this morning will be of great interest to the members of this subcommittee, and I personally look forward to hearing your testimony.

At this point I would like to submit the prepared statements of my colleagues for the hearing record. Hearing no objections, so ordered.

[The prepared statement of Representatives Olympia J. Snowe and Louise M. Slaughter follow:]

OLYMPIA J. SNOWE

FEBRUARY 7, 1990

STATEMENT BEFORE THE SUBCOMMITTEE ON HUMAN SERVICES
HEARING ON "A FOUNDATION FOR AGING POLICY IN THE 90s:
THE OLDER AMERICANS ACT AMENDMENTS OF 1987"

MR. CHAIRMAN, I WANT TO COMMEND YOU FOR HOLDING THIS HEARING ON THE OLDER AMERICANS ACT AMENDMENTS OF 1987 AS A BASIS FOR AGING POLICY IN THIS NEW DECADE. THE SUBCOMMITTEE'S HEARINGS THIS YEAR WILL BE VERY TIMELY AS WE CELEBRATE THE 25TH ANNIVERSARY OF THE OLDER AMERICANS ACT.

IT IS INDEED A REAL PLEASURE TO CONGRATULATE YOU, DR. BERRY, FOR YOUR NOMINATION BY THE PRESIDENT TO BE THE COMMISSIONER ON AGING. WE ARE HONORED TO BE THE FIRST COMMITTEE IN CONGRESS TO HOST YOU IN YOUR NEW ROLE. THE UNIVERSAL SUPPORT OF ALL SECTORS OF THE AGING COMMUNITY FOR YOUR NOMINATION CERTAINLY ATTESTS TO YOUR ABILITY AND LEADERSHIP.

TODAY, WE BEGIN THE SUBCOMMITTEE'S SERIES OF OVERSIGHT HEARINGS ON THE OLDER AMERICANS ACT, IN PREPARATION FOR THE 1991 REAUTHORIZATION PROCESS. AS WE PROCEED, I BELIEVE WE ALSO NEED TO TAKE A HARD LOOK AT THE ACT'S INTENT AND MANDATES. WITH THE SHRINKAGE OF SERVICE DOLLARS AND STAFF OF THE PAST DECADE, CAN THE PROMISES OF THE 60s MEET THE NEEDS OF THE 90s?

FOR INSTANCE, AS WE LOOK AHEAD, WE MUST FACE THE NEEDS OF A SIGNIFICANT INCREASE OF FRAIL ELDERLY INDIVIDUALS. PROGRAMS UNDER THE OLDER AMERICANS ACT PROVIDE THE ONLY NATIONAL NETWORK OF LOCAL COMMUNITY SERVICES TO THE ELDERLY. THEREFORE, SERVICES THROUGH AREA AGENCIES ARE INCREASINGLY BEING SOUGHT.

BUT THE NEED AND DEMAND FOR SERVICES COMES NOT ONLY FROM LOCAL COMMUNITY RESIDENTS. ANXIOUS INDIVIDUALS TRYING TO ASSURE LONG DISTANCE CARE FOR THEIR ELDERLY RELATIVES ARE RELYING ON AREA AGENCIES TO PROVIDE NECESSARY SERVICES. FORWARD-LOOKING CORPORATIONS WHICH PROVIDE ELDER CARE SERVICES TO THEIR EMPLOYEES ARE CONTRACTING FOR SERVICES FROM AREA AGENCIES.

THESE INCREASING RESPONSIBILITIES OF THE AGING NETWORK UNDER THE OLDER AMERICANS ACT RAISE A HOST OF QUESTIONS. BUT IT ALSO PROVIDES OPPORTUNITIES FOR INNOVATIVE COLLABORATIVE AND COORDINATED NATIONAL, STATE AND COMMUNITY EFFORTS TO MEET THE CHALLENGE.

UNDER DR. BERRY'S LEADERSHIP, THE ADMINISTRATION ON AGING IS BEGINNING TO EXAMINE SOME OF THE ISSUES INVOLVED IN THIS CHALLENGE. AS THE SUBCOMMITTEE CONTINUES ITS SERIES OF HEARINGS, WE WILL ALSO BE EXAMINING THESE AND OTHER ISSUES RELATING TO THE CHANGING NEEDS OF OUR GROWING OLDER POPULATION.

WE LOOK FORWARD TO HEARING FROM YOU, DR. BERRY, ABOUT THE ADMINISTRATION ON AGING'S PROGRESS IN IMPLEMENTING THE 1987 AMENDMENTS AND YOUR IDEAS FOR THE FUTURE.

Louise Slaughter

Statement of Congresswoman Louise M. Slaughter
before the Select Committee on Aging
Subcommittee on Human Services

February 7, 1990

Mr. Chairman, it is a pleasure to take part in this first of a series of hearings on the Older Americans Act. As you know, I have a special interest in the Older Americans Act and took an active role in its 1987 reauthorization. As we look ahead to the 1991 reauthorization, I am anxious to learn more about how the Act has been implemented since its inception 25 years ago -- especially during the past three years -- as well as how older Americans' needs have changed over this period.

I am in the process of planning a field hearing of this Subcommittee in my district to assess the Title III programs which have not been funded and how seniors' needs are or are not being met in the absence of federal funding of these programs. Anticipating that hearing, I am interested in Dr. Berry's ideas on Title III as currently written and her suggestions for alternative ways of meeting the health education needs of older Americans.

I am also curious to learn about consumer advocacy programs being undertaken by state and area agencies on aging. During the 1987 reauthorization, I introduced a successful amendment to the Older Americans Act which provided for, among other important

programs, Medi-gap health insurance education and counseling services. These programs have never been funded. Today, I am even more convinced of their necessity. With increasing frequency, I hear from my elderly constituents and their families that, at considerable expense and hardship, they are over-insured because of confusing Medi-gap health insurance forms and sales promotions which play on their fears of becoming seriously ill. I believe that the Older Americans Act provides an opportunity to help seniors understand their health insurance needs through education and counseling programs. This is an idea which I emphasized back in 1987, and one which will figure even more prominently during the 1991 reauthorization, given the increased import of Medi-gap insurance in light of the repeal of the Medicare Catastrophic Coverage Act.

Additionally, I am hopeful that Dr. Berry will be able to shed some light on the fading prospect that a broad-based and adequately funded 1991 White House Conference on Aging will be called by President Bush. Given the rapid changes in the demographic profile of our society, the health and welfare of America's aging is one of this nation's most pressing and significant social issues. In the 30th Congressional District of New York, I have convened a committee of prominent medical experts and health care providers to make recommendations regarding long term care policy. This group believes as emphatically as I that a comprehensive White House Conference on Aging in 1991 is vital to shaping a national policy on aging and long term care. As the "baby-boomers" near retirement, this evolving social change must be a priority for public policy-makers in Washington and across the country.

Mr. Chairman, let me also take this opportunity to welcome Dr. Berry and congratulate her on her recent nomination for the position of United States Commissioner on Aging. I was pleased to read Dr. Berry's testimony before this Subcommittee back in June, when we were trying to assess the President's interest in calling a 1991 White House Conference on Aging. Dr. Berry's enthusiasm and commitment were evident in that testimony -- proof to me that she will be an effective advocate for America's senior citizens as Commissioner on Aging. I look forward to knowing more about the Older Americans Act as seen from her perspective at the Agency on Aging.

Thank you.

STATEMENT OF JOYCE T. BERRY, PH.D., U.S. COMMISSIONER ON AGING-DESIGNATE, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH & HUMAN SERVICES

Ms. BERRY. Thank you, Mr. Chairman and members of the Human Services Subcommittee. I appreciate the opportunity to participate in this hearing and to present an overview of the highlights of our work to implement the 1987 amendments to the Older Americans Act.

I wish to publicly thank you, Mr. Chairman, for the kind words in your press release you issued regarding my appointment. I also wish to thank your staff, Mr. Olinger and Moya Benoit, as well as Natalie Cannon on Congresswoman Snowe's staff and other staff of the committee, for their support during my tenure as Acting Commissioner on Aging.

I think we have been pro-active during the past 10 months. We have been doing a number of things to enhance AoA's leadership role in administering programs under the act. I have a prepared statement for the record, and I won't go too much into my short statement. I just want to mention, however, that we have made a concerted effort to establish coalitions with individuals, organizations, and others as we move forward to implement our agenda.

Our agenda has been simple. It has been focused on promoting and utilizing the successful network of State and Area Agencies on Aging and service providers we have in place. We and the Congress can take pride in the performance of our network, which is the only network solely devoted to addressing all of the needs of the total older person. Many of us have been with the program since its inception and look forward, with the committee, Mr. Chairman, to celebrating the 25th anniversary of the Older Americans Act this year.

Since April I have traveled to over 18 States representing the President and Secretary Sullivan, speaking with Governors, State directors, AAA directors, service providers, and older persons, hearing firsthand some of the issues they face in implementing the 1987 amendments to the Older Americans Act. Let me just say that the 1987 amendments provided us with an opportunity to make progress in a number of areas.

As I mentioned, we have consulted with a number of organizations and we have published eight goals. These goals are part of the record. They support Secretary Sullivan's priorities, and certainly the priorities of the department. As you know, our goals include promoting public-private partnerships, and that is particularly important to me; prevention and alternatives to institutional care; as well as targeting and manpower development.

I want to say that I would like to take a leadership role at the Administration on Aging, through policy statements and other efforts, to encourage the network of State and Area Agencies on Aging to forge greater linkages with the private sector to help meet the growing needs of older persons. I have met with a number of corporate executives who are dealing with issues related to elder care, employment of older workers, and corporate sponsorship of holiday and weekend meals. I convened a Commissioner's Round

Table on Elder Care, and we discussed a number of issues that have implications for the 1987 amendments.

With regard to targeting, I issued an information memorandum to the network and followed that up by a program instruction, the first of which had been issued from AoA in some time, and I think we are making progress in the area of targeting. The States were very receptive to that program instruction.

I am just touching on a few of the primary areas in 1987 amendments.

In terms of the frail elderly, Part D, I have developed a new collaborative relationship with Jane Kenney, the new director of ACTION, where we have agreed to target resources to focus on the in-home needs of the low-income older person, and that effort will be reflected in the discretionary funds program which AoA will publish this week.

So there are seven areas covered in my testimony: the reporting relationship to the Secretary; program regulations; the establishment of the American Indian, Alaskan Native, and Native Hawaiian Programs Office; progress in preparing new studies and reports; increased emphasis on services to the low-income minority; and publication of goals.

On the first issue, the reporting relationship to the Secretary, I would just like to say that the relationship is working quite well. Secretary Sullivan hears from me weekly and on a continuing basis on the challenges we face. I feel that I have total access to him, as much as anyone can have access to a Secretary, and am in regular contact with the chief of staff. I will be going tomorrow with him to a retreat, with other members of his senior cabinet, to focus on the department's priorities.

With regard to the second item, the regulations for Titles III and VI, as you know, we did publish those regulations almost exactly 120 days after former President Reagan signed the amendments into law.

On the third item, the Office for American Indian, Alaskan Native, and Native Hawaiian Programs, I think we have made excellent progress in this area. We still have to appoint a permanent associate commissioner for that office. I intend to issue an announcement shortly and initiate a competitive recruitment and selection process, but in the interim we have an Acting Associate Commissioner, Dr. Fred Luhmann, who was with the program almost since its inception, and we have assigned new staff to carry out the functions at that office.

With regard to the Native Hawaiians receiving services under Title VI, as a result of help from the Congress in reprogramming we did make an award of more than $1.3 million to Alu Like, a statewide nonprofit organization in Hawaii, for services to older Native Hawaiians. I am not going to go into all of the services that we are providing there.

In terms of special studies and reports, we are trying to be as timely as we can. Just last night I think we delivered to you the Unmet Needs Report, which we have been trying to move along for some time, and I think we are on target with most of the other mandated reports. They are either completed or on their way up to you.

With regard to the emphasis on the low-income minority, we have a number of efforts going on, one including a network input session which I had several months ago, where we had a particular group focus on a strategy for how to target resources to the most vulnerable and those in greatest economic and social need. The goals statement, you have a copy of that.

So finally I would like to share with you my sense of pride in some of the things we are doing through interagency agreements, memoranda of understanding, and other Federal and national bodies to fully support implementation of the 1987 amendments. AoA has developed an agreement, for example, the first of its kind, with the Social Security Administration and the Health Care Financing Administration. I had the opportunity yesterday to meet with Gail Wolenski from HCFA very briefly, and our intent is to get a seat at the table when issues related to Social Security and Medicare and Medicaid are discussed, and other programs run by those agencies that impact on older people. Secretary Sullivan has charged me with that responsibility.

So in summary, I think we have taken a number of steps in the short time that we have been at the helm, to make sure that AoA becomes an active and relevant player on all of the issues that impact on older persons.

That concludes my remarks, Mr. Chairman.

[The prepared statement of Dr. Berry follows:]

STATEMENT BY

JOYCE T. BERRY, PH.D.

U.S. COMMISSIONER ON AGING-DESIGNATE

ADMINISTRATION ON AGING

BEFORE THE

HUMAN SERVICES SUBCOMMITTEE

SELECT COMMITTEE ON AGING

UNITED STATES HOUSE OF REPRESENTATIVES

FEBRUARY 7, 1990

Introduction

Mr. Chairman and Members of the Human Services Subcommittee: I appreciate the opportunity to participate in this hearing and to present an overview of the progress achieved by the Administration on Aging and the Department of Health and Human Services in implementing the 1987 Amendments to the Older Americans Act. It is very exciting to realize that during this year, 1990, the nation will celebrate the 25th Anniversary of the Older Americans Act of 1965. While in some ways this seems like a short time, it is highly significant that during the twenty-five years the thrust of the Act has developed from authorizing a few relatively simple, individual programs of community service in aging, training and demonstration projects into a complex and highly differentiated "national network on aging" characterized by advocacy and coordination and interplay of actors at the Federal, Regional, State, Area and community levels.

I would like to share with you a great sense of pride in what we, in the Administration on Aging, have been able to accomplish in further strengthening the network through implementing the new and re-emphasized responsibilities articulated in the 1987 Amendments -- and to acknowledge that we have much which remains to be done.

As you know, the 1987 Amendments made a number of important changes in the Older Americans Act. My presentation today will touch on seven (7) of what I believe to be are key areas of the 1987 Amendments. These are: (1) my reporting relationship to the Secretary; (2) the program regulations which AoA issued to reflect the changes mandated in Titles III and VI of the Act; (3) establishment of an Office for American Indian, Alaskan Native and Native Hawaiian Programs and an expanded program through that Office; (4) establishment of a new service program for Native Hawaiians under Title VI; (5) progress in preparing the new studies and reports which were mandated by the Amendments; (6) increased emphasis on services to low-income minority elderly; and finally (7) publication of goals. I will then summarize some of the interagency agreements and memoranda of understanding which the Administration on Aging has initiated in keeping with its advocacy responsibilities under Title II of the Act in support of full implementation of the 1987 Amendments by the national network of State and Area Agencies on Aging.

1. Reporting Relationship to the Secretary

A clear direct reporting relationship to the Secretary was established on January 28, 1988 with the issuance of a memorandum by former Secretary Bowen indicating that the

Commissioner on Aging reports directly to the Secretary on policy matters. Secretary Sullivan has clearly demonstrated his belief in the value of the direct reporting relationship. Secretary Sullivan hears from me firsthand on a continuing basis the challenges we face, and he is committed to working with us in addressing issues affecting older persons.

As the U.S. Commissioner on Aging-Designate I regularly attend all meetings of the Secretary's senior staff and provide policy advice to the Secretary and to HHS Senior Staff in matters relating to aging. I believe we are quite fortunate to have a Secretary who also has been open to meeting with and hearing the concerns of numerous organizations concerned with aging issues.

The reporting relationship is working well. Later in my testimony I will amplify on the progress which we have made in serving as the effective and visible advocate both within the Department of Health and Human Services and with other departments, agencies and instrumentalities of the Federal government through the use of interagency agreements and memoranda of understanding.

2. Regulations for Titles III and VI

Section 205(c) of the Act required the Administration on Aging to issue the Notice of Proposed Rulemaking [NPRM]

reflecting the 1987 Amendments within 120 days following passage of the Amendments. You will recall that we met that deadline. The NPRM appeared in the Federal Register on March 29, 1988, almost exactly 120 days after President Reagan signed the Amendments into law.

The Act further stipulated the publication of the final regulations 90 days following issuance of the NPRM. The final regulations were published in the Federal Register on August 31, 1988, a date only slightly beyond the statutorily-mandated deadline but still in basic compliance with Congressional wishes for a speedy issuance of the final Title III and Title VI rules.

The changes in the Title III and Title VI regulations emphasize the strengthened role of State and Area Agencies on Aging in the development of community-based systems of service, the increased advocacy responsibilities assigned to the State and Area Agencies on Aging by the 1987 Amendments and the priority which the Amendments give to the provision of services to older individuals with the greatest economic or social needs, especially the low-income minority elderly. The new Title VI regulations also include guidelines for making grant awards to organizations serving older Native Hawaiians. We believe that the new regulations are responsive to Congressional intent and will contribute significantly to the efforts of State and Area Agencies on Aging to develop effective community-level service systems.

3. Establishment of the Office for American Indian, Alaskan Native and Native Hawaiian Programs

I believe we have made tremendous progress in the area of improved services for our older Native Americans. As for the establishment of the Office, that was accomplished on May 19, 1989 with a Federal Register announcement indicating a revised organizational chart for the Administration on Aging which identified the establishment of a new Office for American Indian, Alaskan Native, and Native Hawaiian Programs within the agency. While we have not yet been successful in filling the position of Associate Commissioner for the Office, we have an Acting Associate Commissioner in place while we look for a permanent Associate Commissioner, and we have six full time staff assigned to carrying out its function.

Much work has been done with the assistance of this new Office which is charged with the responsibility to serve as the focal point within AoA for the operation and assessment of programs authorized under Title VI of the Older Americans Act (OAA) and to provide program and policy direction to the ten Regional Offices of AoA in the execution of their Title VI responsibilities. Additional functions of the Office are to serve as the effective and visible advocate on behalf of older

Native Americans, to coordinate activities with other Federal departments and agencies, to administer and evaluate grants provided under the OAA to Indian tribes and public and nonprofit private organizations serving Native Hawaiians, and to collect and disseminate information related to the problems of older Native Americans.

There are areas in which I believe we are well ahead of the curve in working with our Native American grantees. I am sure you are aware of the findings of the report recently released by the Senate Select Committee on Indian Affairs' Special Committee on Investigations. Highlights of the report which were provided to me indicate that paternalistic Federal control over American Indian programs was found to be pervasive in a number of institutions that were created to serve American Indians and that Federal assets and appropriations should be transferred to the tribes.

In an attempt to make the grants program under Title VI more responsive to the needs of our eligible tribal organizations, I issued AoA Program Instruction # 90-02 on December 26, 1989 which greatly simplified the grants process. In that Program Instruction I reduced the application and funding process for tribal organizations making application for Fiscal Years 1990 and 1991 under Title VI Part A. In support

of the simplified process we removed the requirements which call for detailed budget and line item expenditure information. As a result of this paperwork reduction, tribal organizations need only provide application information about activities they intend to carry out in both Fiscal Years 1990 and 1991. AoA will not require additional written applications for Fiscal Year 1991. However, when significant changes occur, tribal organizations must submit amended applications outlining such changes for AoA's approval. I am attaching a copy of this Program Instruction to my written testimony for your information.

While much has been done, there are aspects of our Native American program which are still in the developmental process. The 1987 Amendments in Section 134(d) directed the Commissioner on Aging to establish a permanent Interagency Task Force on Older Indians, with representatives of departments and agencies of the Federal Government with an interest in older Indians. The responsibility of the Task Force, as stated in the 1987 Amendments, is to report to the Commissioner at 6-month intervals on their findings and recommendations with respect to facilitating the coordination of services and the improvement of services to older Indians. The Task Force is to be chaired by the Associate Commissioner on American Indian, Alaskan Native, and Native Hawaiian Aging who is to be appointed by the Commissioner. We have identified potential members and expect to convene the Task Force this Spring.

4. Establishment of a Program for Native Hawaiians under Title VI

In the Older Americans Act Amendments of 1987 a change was made in Title VI to add older Native Hawaiians to the American Indians and Alaskan Natives who were already being served by Title VI. The law stated that this part of the Title would take effect only if the total appropriation for Title VI exceeded the appropriation for Fiscal Year 1985 (which had been $7,500,000). Thus at the beginning of Fiscal Year 1989 no funds were available for Native Hawaiians, since the original appropriation had been only $7,410,000. The $7,410,000 was distributed effective April 1, 1989 to 181 Indian tribal organizations, for an average grant of $40,439.

Later in the fiscal year, however, with your help the Congress reprogrammed funds among the titles of the Older Americans Act so that a total of $10,710,000 was available under Title VI; this included $9,345,000 for the American Indians and Alaskan Natives under Title VI Part A, and $1,365,000 for Native Hawaiians under Part B. Of the $9,345,000 available under Part A, $7,410,000 had already been distributed to 181 tribal organization grantees effective April 1, 1989. Thus $1,935,000 was available to supplement or hold harmless tribal organizations which had been participating in Title VI Part A in FY 1988.

The amount of $1,365,000 available for organizations serving older Native Hawaiians was awarded as a statewide consolidated grant in September, 1989 to Alu Like, Inc., a statewide nonprofit organization in Honolulu, Hawaii. Their application described services which would be provided to older Native Hawaiians in the five major islands of the State. The plans included congregate meals, transportation, health awareness and screening, education and recreation classes, and individualized services including escort, friendly visiting, and telephone reassurance. They plan to develop service centers for older Native Hawaiians on each island, located on or near the Hawaiian Home Lands, which are areas for Native Hawaiians. The application also assured that activities will be coordinated with the State Agency on Aging.

5. Special Studies and Reports

The 1987 Amendments included a number of new requirements for special studies and issuances to be produced by the Administration on Aging. In this section of my prepared statement I will provide an overview of our progress in meeting these new requirements.

- The first of the annual reports on the long-term care ombudsman (required by Section 207(b) of the Act) was submitted to Congress in February 1989. The report for

this year is currently in clearance, and we expect to forward the Report within the very near future. The report provides a comparative summary of the program data for FY 1987 and FY 1988, summarizes information from the States' reports on the nature and disposition of individual complaints, and categorizes the major long-term care issues identified in the State Ombudsman Reports.

- The Amendments require the Commissioner on Aging to prepare a Special Report to Congress on Services for Older Indians. Specifically, AoA was asked to study the availability and quality of services under the Older Americans Act to older Indians. AoA conducted studies through an Interagency Agreement with the Indian Health Service. The actual studies were made through contracts with the American Indian Health Care Association, ACKCO, Inc., the National Indian Council on Aging and the National Association of State Units on Aging. The report was developed utilizing internal program information, as well as information derived from the studies. The report was submitted to the Congress in April, 1989.

  I want to add that while the report indicated the expected finding that Title III and Title VI programs were not as effectively coordinated as we would have

hoped, we are taking steps through our Regional Offices and through a national technical assistance contract for the tribal organizations year to improve that coordination. The 1990 Title IV discretionary funds announcement will address this issue.

- The Amendments required the Commissioner on Aging, not later than September 30, 1989, to prepare a report to Congress on the National Unmet Need for Supportive Services, Nutrition Services, and Multipurpose Senior Centers. We have prepared the report and submitted it for clearance. We expect the report to be forwarded to the Congress in the very near future. The report provides summaries for each State on the most recent evaluations of unmet need conducted by the State Agencies on Aging and is based on the most current data available.

- In the Amendments, Congress requested that AoA study and provide a report on two aspects of the Long Term Care Ombudsman Program: (1) Ombudsman involvement with Board and Care Homes; and (2) the use of volunteers by Ombudsman Programs. These surveys have recently been completed by the Long Term Care Ombudsman Resource Center at the National Association of State Units on Aging and submitted to us. The results are being prepared to enter the clearance process.

The 1987 Amendments also require the Administration on Aging to include in its Annual Report an array of additional data on services provided to older persons. Some of these requirements took effect immediately. Other requirements are effective beginning with the Annual Report for Fiscal Year 1989. AoA included the guidance for securing the additional data needed for the Annual Report in the "Program Report" materials issued to the State Agencies on Aging. Initial data have now been collected and will be analyzed during Fiscal Year 1990 for inclusion in the Annual Report for 1990.

6. Increased Emphasis on Services to Low-income Minority Elderly;

The 1987 Amendments gave increased emphasis to the provision of adequate services to low-income minority elderly. The Administration on Aging has taken a number of steps to ensure that the national network on aging, at the Federal, State and local level, moves in a responsible manner to more effectively target services to the low-income minority elderly. Some of the major efforts include:

- o AoA Goals for FY 1990 and beyond include a commitment to "Targetting - Strategic Resource Allocation". AoA will develop and implement new strategies for more effectively targeting resources and program on the needs

of the most vulnerable older persons, with special emphasis on low-income minority elderly.

- Title III regulations reflect increased commitment to economic or socially disadvantaged older persons, especially low-income minority elderly, mandated by the 1987 Older Americans Act Amendments (PL 100-175). New mandates include:

  - preference in service provision must be given to older persons with greatest economic or social needs

  - in making agreements with Area Agencies on Aging to provide services, provider organizations will (a) specify how they will address the needs of low-income minority elders and (b) attempt to provide services to such elders in at least the same proportion as the low-income minority elderly bears to the population of older individuals in the service area

  - Area agencies must identify the number of low-income minority older persons in the planning and service area and must describe the methods used to address the service needs of such persons

o On July 13, 1989, I convened an all-day Roundtable in Washington, D.C. to consider ways to increase the participation of older minorities in programs funded under Title III of the Older Americans Act. Participants in the Roundtable included representatives of the following organizations:

- Asociacion National Pro Personas Mayores
- National Caucus and Center on Black Aged, Inc.
- National Indian Council on Aging
- National Pacific/Asian Resource Center on Aging
- National Association of State Units on Aging
- National Association of Area Agencies on Aging
- National Resource Center on Minority Aging Populations
- Representation by a State and Area Agency on Aging directors

- National Association of Nutrition and Aging Service Providers.

- The Office of Civil Rights and

- AoA Executive Staff

Issues Discussed at the Roundtable included:

- intrastate funding formulas for the Title III program

- hiring minority staff

- selection of sites for providing services (in order to facilitate access by low-income minority elderly)

- training network staff in providing services to low-income minority elderly

- minority contracting

o AoA has issued a Program Instruction to State and Area Agencies on Aging which promotes increased commitment to target services to those older individuals who are in greatest economic or social

need, with particular attention to low-income minority older persons. States are encouraged to examine all aspects of their operations to meet this mandate of the Older Americans Act, with special emphasis on the intra-state funding formula used to distribute Title III funds to planning and service areas within each State

o AoA is preparing to issue a follow-up Program Instruction to State and Area Agencies on Aging to remind them of their statutory responsibilities to assure that Native American elderly receive the services to which they are entitled under Title III of the Older Americans Act. The Program Instruction will emphasize the requirement for outreach to older Native Americans.

o Through the AoA-funded National Aging Resource Centers a number of efforts are underway which relate to minority issues. The following are illustrative of these efforts:

- <u>National Resource Center on Minority Aging Populations - San Diego State</u>

Located at San Diego State University the Center is a joint undertaking involving San Diego State

University and the University of Southern California and has a special focus on minority issues. The Center is providing technical assistance and training to State and Area Agencies on Aging and serving as a repository and clearinghouse for information and resources. The second year activities of the Center will focus on the development of a variety of "how-to" materials to assist targeting efforts of State and Area Agencies on Aging and service providers

- Heartland Center on Aging, Disability and Long Term Care - Indiana

The Heartland Center is developing papers on the unmet needs of older minorities including a separate paper on Hispanic Americans.

- NASUA Center for the Advancement of State Community Care Programs

The NASUA Center is producing a descriptive paper on the changing long term care needs of older minorities. They are convening a focus group to respond to the draft paper and explore its implications for State Agencies design and implementation of community care programs.

- Suncoast Gerontology Center, University of South Florida

The Suncoast Center is developing a training program and a best practice manual for minority caregivers. They are also preparing a resource bibliography on Alzheimer's Disease, ethnicity and service utilization. They will provide assistance for the development of strategies to extend support groups and respite services in ethnic communities.

- Brandeis University Center

This Center, with its special emphasis on planning and management of community based care, is producing a model program for addressing cultural diversity. This model will provide a synthesis of the types of assistance needed in multicultural long term care programs.

- AARP Health Promotion Resource Center

The Health Promotion Center is conducting a literature review of health promotion messages designed to reach minority elders. It is convening focus groups to determine credible sources of

health information for minority adults. Written materials will provide assistance to State and Area Agencies to identify access points and health needs of minority populations.

- o AoA's FY 1990 Discretionary Funds Program announcement will include targeting as a priority area

- o AoA is supporting a survey of staffing patterns of State and Area Agencies on Aging and service providers to assess minority staffing patterns, among other issues

- o AoA will work to develop a Memorandum of Understanding with the Bureau of Census for a special tabulation of 1990 minority census data. The specialized data will facilitate implementation of national targeting initiatives.

7. Publication of Goals

Section 205(d) of the Act provides that, each year, the Commissioner on Aging will issue a "statement of proposed specific goals to be achieved by implementing" the Older Americans Act. The goal statement is to be released prior to

September 1 of each year. AoA's first set of goals was issued in the summer of 1988. Similarly, goals for the current year, Fiscal Year 1990, were also developed and published prior to the beginning of the Fiscal Year, following a developmental process which was characterized by a lengthy and continuing dialogue with organizations and interest groups in the field of aging including discussions with State Directors on Aging, with Area Agency Directors, service providers, the academic community, the Federal Council on Aging and with representatives of the Leadership Council of Aging Organizations.

In order to further involve the entire network in our 1990 (and beyond) activities, in early December, I convened a "Network Input Session" in Washington to assist us in developing an action agenda that translates into operational realities the agency's Statement of Goals. The session was divided into eight work groups, one for each goal. Recommendations from the work groups will guide AoA's action agenda and work plans for FY 1990 and have contributed to priorities for inclusion in our FY 1990 discretionary grants announcement. The participants in the session included a number of Directors of State and Area Agencies, resource persons in subject areas directly related to our goals, and AoA management staff.

As I indicated in my Annual Statement of Goals (a copy of which is attached for the permanent record) I thought it fitting and appropriate that, as we approach the last decade of the 20th Century and the Silver Anniversary of the Older Americans Act, we begin to expand our efforts and begin preparing our society to address policy issues which will carry over through the 1990's and beyond, into the 21st Century. It was in that spirit that we crafted the goals for 1990 and beyond.

So you see, Mr. Chairman, we have been quite deeply involved in implementing the 1987 Amendments. I would like, now, to share with you some of the things which we are doing through interagency agreements and memoranda of understanding with other Federal and National bodies to support full and successful implementation of the 1987 Amendments by the national network of State and Area Agencies on Aging.

We have currently in place a number of interagency agreements and memoranda of understanding, and we have a number of others in the developmental stage. I am attaching a summary of these agreements for the permanent record. Examples of those written agreements include:

- an agreement with the Social Security Administration and the Health Care Financing Administration, which is the first national

three-party agreement between these agencies and AoA. This agreement is an important step toward encouraging better linkages between agencies, especially at the State and local level, concerned with meeting the needs of the elderly. Together, these three agencies within HHS with major social programs that impact heavily on older persons, are developing collaborative activities to achieve the goal of promoting the well-being of older persons by providing a coordinated and integrated response to their needs, problems and concerns.

- an agreement between the National Institute on Aging and the Administration on Aging to collaborate in the promotion of research and the dissemination of information in several areas of interest to the two agencies;

- an agreement between the Department of Housing and Urban Development and the Administration on Aging to collaborate to support joint efforts to train housing counselors regarding home equity conversion mortgages and their alternatives. The AoA will transfer funds to HUD to be used with HUD funds to assist in obtaining and preparing housing

counseling training materials and in the training of housing counselors, as well as other related purposes; and

- an agreement between the Public Health Service and the Administration on Aging to collaborate to support joint efforts to stimulate health promotion programs for older Americans on a nationwide scale, to prepare the health care community for the "greying of America," and to develop "year 2000" objectives for the Nation. This agreement provides a framework on which to continue to build future and more expanded cooperative activities.

Conclusion

In summary, the Administration on Aging and the Department of Health and Human Services have taken, and are continuing to take, timely actions to fulfill the requirements of the 1987 Amendments and to carry out the intent of Congress. The Older Americans Act has been enormously successful in serving this nation's growing older population. We believe that the 1987 Amendments have made the Act an even more effective statute on behalf of elderly persons. We are proud of the part we have played in the efforts to implement

the important changes enacted via the 1987 legislation. We will continue to make every possible effort to administer the Act so as to provide maximum benefit to all older citizens and their families.

Mr. Chairman, this concludes my prepared remarks. I will be happy to respond to any questions which you and the other Subcommittee members may have.

Thank you.

Attachments:

Program Instruction # 90-02 (Title VI grant process)

Annual Statement of Goals - FY 1990

Summary of Interagency Agreements and Memoranda of Understanding

DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of the Secretary

Administration on Aging — Washington, D.C. 20201

DEC 26 1989

PROGRAM INSTRUCTION
AoA-PI-90-02

TO : TRIBAL ORGANIZATIONS ADMINISTERING PLANS UNDER TITLE VI PART A OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

SUBJECT : Funding for FY 1990 Title VI Part A

LEGAL AND RELATED REFERENCES: : Older Americans Act (Public Law 89-73) sections 612, 613, 614, 632 and 633. 45 CFR Part 1326 including sections 1326.19 and 1326.21.

CONTENT

I am inviting tribal organizations to submit applications for Fiscal Year 1990 funds under the Older Americans Act Title VI Part A, Grants to Indian Tribes for Supportive and Nutritional Services for Older Indians. The instructions for completing the application are attached. In accordance with the President's and this Department's goal of reducing the paper work burden on all grantees, AoA has reduced the application and funding process for tribal organizations making application for Fiscal Years 1990 and 1991 under Title VI Part A. In support of this reduction, we have removed the Standard Form 424 requirements which call for detailed budget and line item expenditure information.

As a result of this reduction, we now require tribal organizations to provide application information about activities they intend to carry out in both Fiscal Years 1990 and 1991. AoA will not require additional written applications for Fiscal Year 1991. However, when significant changes occur, tribal organizations must submit amended applications outlining such changes for AoA's approval.

For the purposes of monitoring and tracking the activities of Title VI grantees, we have determined that the requirements of 45 CFR Part 92 are sufficient for our purposes. The continued submission semi-annually of the SF 269-Long Form and the Title VI Program Performance Report is still required.

The attached proposed award amount for each tribal organization is based on the number of elderly Indians age 60 years and over which tribal organizations identified in their "Notice of Intent" preceding the Fiscal Year 1989 Title VI Part A application. In order to maintain equity, AoA has determined that the numbers of elderly Indians age 60 and over which each tribal organization submitted for Fiscal Year 1989 will be used through the Fiscal Year 1991 funding period. The proposed award amounts should be used in developing individual program plans for Fiscal Years 1990 and 1991. Tribal organizations will be allowed to carry over any Fiscal Year 1989 Title VI funds that have not been expended by March 31, 1990.

Please forward an original and a complete copy of your application to the Regional Program Director, Administration on Aging, Department of Health and Human Services. The staff at the Regional Office of the Administration on Aging will be glad to assist you if you have any questions. A list of the AoA Regional Program Directors is enclosed. Please note that applications can no longer be mailed directly to either the Administration on Aging or the Grants and Contracts Management Division, Office of Human Development Services, in Washington, D.C.

The due date for FY 1990 applications is March 1, 1990. Applications should be received or postmarked on or before Friday, March 1, 1990. FAX is acceptable.

I am looking forward to working with you in our common goal of improving the welfare of elderly Indians.

EFFECTIVE DATE	:	Effective Immediately
ATTACHMENT	:	FY 1990 Title VI Part A Application Instructions; Proposed Award Amounts; and a List of Regional Offices on Aging.
INQUIRIES TO	:	Tribal Organizations should address inquiries to Regional Program Directors on Aging, Regional HHS Office.

Joyce T. Berry

Joyce T. Berry, Ph.D.
Acting Commissioner on Aging

ADMINISTRATION ON AGING

INSTRUCTIONS FOR COMPLETING THE APPLICATION
FY 1990 and FY 1991

Title VI of the Older Americans Act
Application for Grants to Indian Tribes for
Supportive and Nutrition Services

Applications must meet the requirements of Title VI Part A of the Older Americans Act and Title 45 Part 1326 of the Code of Federal Regulations. The narrative must include the following information in any format selected by the tribal organization. Standard Forms SF424, SF424A, and SF424B are no longer required.

NOTE: These New Formula Grant Applications must include information for both FY 1990 and FY 1991.

Application Instructions

Applications for new formula grants for Fiscal Years 1990 and 1991 must include the information described below. If significant changes have occurred in any items since the original application was submitted in FY 1989, including changes in tribal governance or tribal resolutions, these changes must be included.

A. ACCOMPLISHMENTS OF THE PREVIOUS YEAR

The application must include a brief statement of the accomplishments of the previous year. This section should contain a statement of the services provided, and number of persons served, compared to the plans in the FY 1989 application.

B. PROGRAM PLAN

This section should indicate the results or benefits expected during the next two program periods (FY 1990 and FY 1991). Any significant changes in approach or scope of activities since FY 1989 must be explained.

C. UP-DATED INFORMATION

Resolution

A new tribal council resolution for each federally recognized Tribe represented under this application must be included. Each resolution must authorize participation in Title VI Part A for FY 1990 and FY 1991. Applications submitted by a Tribe or tribal organization representing a consortium must include a copy of the tribal resolution from each member of the consortium which authorizes the Tribe or tribal organization to submit an application on its behalf.

D. ASSURANCES

Title VI

Title VI Part A program assurances must be included in the application. The Title VI Part A program assurances are in Section 614(a) of the Older Americans Act and Section 1326.19(d) of the Title VI Part A regulations (issued August 31, 1988). The tribal organization must state that it agrees to abide by all the provisions set forth in Title VI Part A and 1326.19(d) of the Title VI regulations for the entire period of the grant (Fiscal Years 1990 and 1991).

PROPOSED AWARD AMOUNT FY 1990

ST	TRIBE	GRANT
REGION I		
ME	Passamaquoddy Tribe	$46,422
ME	Penobscot Indian Nation	$38,411
RI	Narragansett Indian Tribe	$63,266
REIGON II		
NY	St. Regis Mohawk Tribal Community & Education Fund	$54,844
REIGON IV		
AL	Poarch Band of Creek Indians	$46,422
FL	Seminole Tribe of Florida	$46,422
MS	Mississippi Band of Choctaw Indians	$54,844
NC	Eastern Band of Cherokee Indians	$80,110
REIGON V		
MI	Grand Traverse Band of Ottawa and Chippewa Indians	$46,422
MI	Inter-Tribal Council of Michigan	$63,266
MI	Keweenaw Bay Indian Community	$46,422
MI	Sault Ste. Marie Tribe of Chippewa Indians	$80,110
MN	Bois Forte Reservation Business Committee	$38,411
MN	Fond du Lac Reservation Business Committee	$80,110
MN	Leech Lake Reservation Business Committee	$63,266
MN	Lower Sioux Indian Community	$38,411
MN	Mille Lacs Band of Chippewa Indians	$38,411
MN	Minnesota Chippewa Resource Development	$54,844
MN	Red Lake Band of Chippewa Indians	$63,266
MN	White Earth Reservation Tribal Council	$63,266
WI	Bad River Band of Lake Superior Chippewa Indians	$38,411
WI	Forest County Potawatomi Community	$38,411
WI	Lac Courte Oreilles	$38,411
WI	Lac du Flambeau Band of Lake Superior Chippewa Indians	$54,844
WI	Menominee Indian Tribe of Wisconsin	$71,688
WI	Oneida Tribe of Indians of Wisconsin	$38,411
WI	Red Cliff Band of Lake Superior Chippewa	$46,422
WI	St. Croix Tribal Council	$46,422
WI	Stockbridge-Munsee Community	$54,844
WI	Wisconsin Winnebago Business Committee	$54,844
REIGON VI		
LA	Institute for Indian Development	$38,411
MO	Eastern Shawnee Tribe of Oklahoma	$38,411
NM	Eight Northern Indian Pueblos Council (Picuris, etc.)	$38,411
NM	Eight Northern Indian Pueblos Council (San Ildefonso, etc.)	$38,411
NM	Five Sandoval Indian Pueblos, Inc	$54,844
NM	Jicarilla Apache Tribe	$46,422
NM	Laguna Rainbow Corporation	$71,688
NM	Mescalero Apache Tribe	$46,422
NM	Pueblo de Cochiti	$46,422
NM	Pueblo of Acoma	$63,266
NM	Pueblo of Isleta	$63,266
NM	Pueblo of Jemez	$46,422
NM	Pueblo of San Felipe	$46,422
NM	Pueblo of Taos	$54,844
NM	Pueblo of Zuni	$80,110

PROPOSED AWARD AMOUNT FY 1990

ST	TRIBE	GRANT
NM	San Juan Pueblo	$46,422
NM	Santa Clara Pueblo	$46,422
NM	Santo Domingo Pueblo Tribe	$63,266
OK	Apache Tribe of Oklahoma	$63,266
OK	Caddo Tribe of Oklahoma	$63,266
OK	Cherokee Nation of Oklahoma	$80,252
OK	Cheyenne-Arapaho Tribes of Oklahoma	$80,110
OK	Chickasaw Nation	$80,110
OK	Choctaw Nation of Oklahoma	$80,110
OK	Citizen Band Potawatomi Indians of Oklahoma	$80,110
OK	Comanche Indian Tribe	$80,110
OK	Delaware Tribe of Western Oklahoma	$71,688
OK	Iowa Tribe of Oklahoma	$46,422
OK	Kaw Tribe of Oklahoma	$38,411
OK	Kickapoo Tribe of Oklahoma	$80,110
OK	Kiowa Tribe of Oklahoma	$63,266
OK	Miami Tribe of Oklahoma	$80,110
OK	Muscogee (Creek) Nation	$80,110
OK	Osage Tribe of Oklahoma	$80,110
OK	Otoe-Missouria Tribe	$54,844
OK	Ottawa Tribe of Oklahoma	$63,266
OK	Pawnee Tribe of Oklahoma	$63,266
OK	Peoria Tribe of Oklahoma	$71,688
OK	Ponca Tribe of Oklahoma	$38,411
OK	Quapaw Tribe of Oklahoma	$46,422
OK	Sac and Fox Tribe of Indians of Oklahoma	$63,266
OK	Seminole Nation of Oklahoma	$80,110
TX	Texas Band of Kickapoo	$38,411
REIGON VII		
KS	Kickapoo Tribe in Kansas	$38,411
KS	Prairie Band of Potawatomi Indians	$46,422
OK	Seneca-Cayuga Tribe of Oklahoma	$46,422
OK	Wichita and Affiliated Tribes	$63,266
KS	United Tribes of Kansas and Southeast Nebraska, Inc	$46,422
OK	Seneca-Cayuga Tribe of Oklahoma	$46,422
OK	Wichita and Affiliated Tribes	$63,266
OK	Wyandotte Tribe of Oklahoma	$80,110
TX	Alabama-Coushatta Tribe	$38,411
NE	Winnebago Tribe of Nebraska	$46,422
CO	Southern Ute Indian Tribe	$46,422
REIGON VIII		
CO	Ute Mountain Ute Tribe of Indians	$38,411
MT	Assiniboine and Sioux Tribes	$63,266
MT	Blackfeet Tribe	$80,110
MT	Chippewa-Cree Tribe	$54,844
MT	Confederated Salish and Kootenai Tribes	$80,110
MT	Fort Belknap Community Council	$46,422
MT	Northern Cheyenne Tribe	$63,266
ND	Devils Lake Sioux Tribe	$54,844
ND	Standing Rock Sioux Tribe	$63,266

PROPOSED AWARD AMOUNT FY 1990

ST	TRIBE	GRANT
ND	Three Affiliated Tribes	$63,266
ND	Trenton Indian Service Area	$46,422
ND	Turtle Mountain Band of Chippewa Tribe	$80,110
SD	Cheyenne River Sioux Tribe	$63,266
SD	Crow Creek Sioux Tribe	$46,422
SD	Lower Brule Sioux Tribe	$38,411
SD	Oglala Sioux Tribe	$80,110
SD	Rosebud Sioux Tribe	$71,688
SD	Sisseton-Wahpeton Sioux Tribe	$54,844
SD	Yankton Sioux Tribe	$54,844
UT	Uintah and Ouray Business Committee	$46,422
WY	Northern Arapaho Business Council	$54,844
WY	Wind River Nutrition and Transportation	$46,422
REIGON IX		
AZ	Cocopah Indian Tribe	$38,411
AZ	Colorado River Indian Tribes	$46,422
AZ	Gila River Indian Community	$46,422
AZ	Hopi Tribal Council	$80,110
AZ	Hualapai Tribal Council	$38,411
AZ	Navajo Nation	$80,110
AZ	Pascua Yaqui Association	$54,844
AZ	Quechan Indian Tribe	$46,422
AZ	Salt River Pima-Maricopa Indian Community	$54,844
AZ	San Carlos Apache Tribe	$38,411
AZ	Tohono o'Odham Nation	$46,422
AZ	White Mountain Apache Tribe	$54,844
CA	Bishop Indian Tribal Council	$38,411
CA	Blue Lake Rancheria	$46,422
CA	Covelo Indian Community Council	$54,844
CA	Hupa Health Association, Inc	$46,422
CA	Indian Elders Council, Senior Programs	$38,411
CA	Karuk Tribe of California	$46,422
CA	Pi-Ma-Pa Indian Health Consortium, Inc	$38,411
CA	Picayune Rancheria	$38,411
CA	Riverside-San Bernardino County Indian Health-for Morongo	$54,844
CA	Riverside-San Bernardino County Indian Health-for Pechanga	$54,844
CA	Riverside-San Bernardino County Indian Health-for Soboba	$54,844
CA	Sonoma County Indian Health Project	$46,422
CA	Southern Indian Health Council-Area I	$54,844
CA	Southern Indian Health Council-Area II	$54,844
CA	Toiyabe Indian Health Project	$46,422
CA	Tule River Indian Health Center	$38,411
CA	United Indian Health Services (for Resighini)	$38,411
CA	United Indian Health Services (for Smith River, etc.)	$38,411
NV	Fallon Paiute-Shoshone Tribes	$38,411
NV	Inter-Tribal Council of Nevada, Inc. (Duckwater, etc.)	$46,422
NV	Inter-Tribal Council of Nevada, Inc. (Fort McDermitt, etc.)	$38,411
NV	Inter-Tribal Council of Nevada, Inc. (Moapa, etc.)	$46,422
NV	Shoshone-Paiute Tribes	$46,422
NV	Walker River Paiute Tribe	$46,422

PROPOSED AWARD AMOUNT FY 1990

ST	TRIBE	GRANT
NV	Washoe Tribe of Nevada and California	$46,422
NV	Yerington - Paiute Tribe	$38,411
REIGON X		
AK	Aleutian/Pribilof Islands Association	$54,844
AK	Association of Village Council Presidents	$80,110
AK	Bristol Bay Native Association	$63,266
AK	Central Council, Tlingit and Haida Indian Tribes of Alaska	$71,688
AK	Cook Inlet Tribal Council	$80,110
AK	Copper River Native Association	$46,422
AK	Hoonah Indian Association	$38,411
AK	Kodiak Area Native Association (Northern Section)	$38,411
AK	Kodiak Area Native Association (Southern Section)	$38,411
AK	Metlakatla Indian Community	$38,411
AK	Native Village of Barrow	$46,422
AK	Tanana Chiefs Conference for Kuskokim Subregion	$46,422
AK	Tanana Chiefs Conference for Lower Yukon Subregion	$46,422
AK	Tanana Chiefs Conference for Yukon Flats Subregion	$46,422
AK	Tanana Chiefs Conference for Yukon Koyukuk Subregion	$54,844
AK	Tanana Chiefs Conference for Yukon Tanana Subregion	$46,422
ID	Coeur d'Alene Tribe of Idaho	$38,411
ID	Nez Perce Tribe of Idaho	$46,422
ID	Shoshone-Bannock Tribes	$54,844
OR	Confederated Tribes of Siletz Indians of Oregon	$46,422
OR	Confederated Tribes of Warm Springs	$46,422
OR	Confederated Tribes of the Umatilla Indian Reservation	$63,266
WA	Colville Confederated Tribes	$71,688
WA	Lower Elwha Klallam Tribe	$38,411
WA	Lummi Indian Business Council	$54,844
WA	Makah Indian Tribal Council	$46,422
WA	Muckleshoot Indian Tribe	$46,422
WA	Nooksack Indian Community Aid Soc.-Upper Skagit & Sauk-Suiattle	$38,411
WA	Nooksack Indian Community Aid Society for Stillaguamish	$38,411
WA	Nooksack Indian Tribe	$46,422
WA	Puyallup Tribal Health Authority	$71,688
WA	Quinault Indian Nation	$46,422
WA	South Puget Intertribal Planning Ag.-for Chehalis & Nisqually	$46,422
WA	South Puget Intertribal Planning Ag.-for Skokomish & Squaxin Is	$46,422
WA	Swinomish Indian Tribal Community	$38,411
WA	Upper Columbia United Tribes	$46,422
WA	Yakima Indian Nation	$38,411

LISTING OF AOA REGIONAL OFFICES

REGION I
(CT, MA, ME, NH, RI, VT)

Judith Rackmill, Acting RPD
John F. Kennedy Building, Room 2011
Boston, Massachusetts 20003
(617) 565-1158
FAX (617) 565-1084; verify 565-1080

REGION II
(NJ, NY, PR, VI)

Judith Rackmill, RPD
26 Federal Plaza, Room 4149
Broadway and Worth Streets
New York, New York 10278
(212) 264-2974
FAX (212) 264-2162; verify 264-3067

REGION III
(DC, DE, MD, PA, VA, WV)

Paul E. Ertel, Jr., RPD
3535 Market Street
P. O. Box 13716
Philadelphia, Pennsylvania 19101
(215) 596-6891
FAX (215) 596-5028; verify 596-6891

REGION IV
(AL, FL, GA, KY, MS, NC, SC, TN)

Frank Nicholson, RPD
101 Marietta Tower, Suite 903
Atlanta, Georgia 30323
(404) 331-5900
FAX (404) 331-5490; verify 331-5900

REGION V
(IL, IN, MI, MN, OH, WI)

Eli Lipschultz, RPD
105 West Adams Street, 21st Floor
Chicago, Illinois 60603
(312) 353-3141
FAX ((312) 353-1194; verify 353-3141

REGION VI
(AR, LA, NM, OK, TX)

John Diaz, RPD
1200 Main Tower Building, Room 1000
Dallas, Texas 75202
(214) 767-2971
FAX (214) 767-4537; verify 767-2971

REGION VII
(IA, KS, MO, NE)
Richard Burnett, RPD
601 East 12th Street, Room 384
Kansas City, Missouri 64106
(816) 426-2955
FAX (816) 426-5299; verify 426-6421

REGION VIII
(CO, MT, ND, SD, UT, WY)

Jo Ann Pegues, Acting RPD
Federal Office Building, Room 1185
1961 Stout Street
Denver, Colorado 80294
(303) 844-2951
FAX (303) 844-2394; verify 844-5568

REGION IX
(AS, AZ, CA, CNMI, GU, HI, NV, TT)

Jack McCarthy, RPD
50 United Nations Plaza, Room 443
San Francisco, California 94102
(415) 556-6003
FAX (415) 556-4161; verify 556-6003

REGION X
(AK, ID, OR, WA)

Chisato Kawabori, RPD
Blanchard Plaza, Room 600, RX-33
2201 Sixth Avenue
Seattle, Washington 98121
(206) 442-5341
FAX (206) 442-4333; verify 442-4527

Annual Statement of Goals
Administration on Aging
Fiscal Year 1990

Introduction

In the year 1990, the nation will celebrate the 25th Anniversary of the Older Americans Act of 1965. In the 1987 Amendments to the Older Americans Act, the Administration on Aging was directed to annually publish goals for the coming fiscal year, beginning in Fiscal Year 1989. It is altogether fitting and appropriate that, as we approach the last decade of the 1990's and the Silver Anniversary of the Older Americans Act, we begin to expand our goal efforts and begin preparing our society to address policy issues which will certainly carry over through the 1990's and beyond, into the 21st Century. It is important that our society becomes focused on the need to build adequate capacity to respond to the dramatic increases in the older population during the next century.

It is our intent to expand that effort; to respond more substantively and relevantly to the needs, not only of older persons, but also of the nation-wide aging network which was established to assure their needs are met. These efforts will be specifically directed toward FY 1990 and beyond, into the 21st Century.

Following a developmental process which has been characterized by continuing dialogue with advocacy and interest groups in the field of aging including discussions with State Directors on Aging, with Area Agency Directors, service providers, the academic community, the Federal Council on Aging and with representatives of the Leadership Council of Aging Organizations
the Administration on Aging (AoA) has selected eight areas of major activity in which goals have been established for Fiscal Year 1990 and beyond.

Older Americans Act - Goals for 1990 and Beyond

1. **Public/Private Partnerships** - Increase awareness within both the public and private sectors of the challenge of the changing demographics, and stimulate the expansion of services and resources for older persons by promoting public/private sector partnerships.

2. **Older Persons as a Resource** - Promote the recognition of older persons as a resource to themselves, to their community, and to the nation.

3. **Strengthening the Family and Generational Bonding** - Increase understanding of the societal implications of aging, with particular attention to the development and implementation of strategies for strengthening the family and the interdependence of generations.

4. **Prevention and Alternatives to Institutional Care** - Promote the recognition of the importance, and the development, of preventive, in-home and community-based supportive services as vital components of the continuum of care.

5. **Promotion and Enhancement of Effective Community Based Service Systems** - Promote and support the continued strengthening of comprehensive and coordinated community service systems to insure that such services are available, accessible, and acceptable to older persons.

6. **Targetting - Strategic Resource Allocation** - Develop and implement new strategies for more effectively targetting resources and programs on the needs of the most vulnerable older persons, with special emphasis on low-income minority elderly.

7. **Manpower Development** - Increase awareness of, and promote action to relieve, the critical manpower needs in the field of aging, with particular attention to the need for an adequate supply of trained personnel to care for older persons at home, in the community and in nursing homes.

8. **Preparing for the 21st Century - Challenges and Opportunities of an Aging Society** - Promote public information and technical assistance to targetted groups for better decisions which need to be made now to insure that public, voluntary and private sector organizations are responsive to the resources and needs presented by the increasing numbers of older persons during the first decades of the 21st century.

Conclusion

The Administration on Aging recognizes that, even beyond the many specific actions which are required to achieve the eight goals outlined above, more needs to be done in the areas of policy decisions and program activities to assure the well-being of the nation's older persons during the last decade of this century and the initial decades of the next century. Nevertheless, we believe that the agenda which these eight goals establish comprises a realistic projection of what, working together, the Administration on Aging and the field of aging can begin to accomplish, given the resources which will be available as the decade of the 1990's begins. Our overall mission remains what it has been all along - to make life better for the millions of older persons whom we serve. We are committed and dedicated to making a difference on behalf of older persons. In this we need the help of all concerned citizens in the public, private and voluntary sectors across the nation.

Joyce T. Berry

Joyce T. Berry, Ph.D.
Acting Commissioner on Aging

Administration On Aging

Interagency Agreements
and
Memoranda of Understanding

COOPERATING AGENCY	LEAD AOA OFFICE
National Institute on Aging (Interagency Agreement)	OPD

PURPOSE OF AGREEMENT
The National Institute on Aging (NIA) and the Administration on Aging (AoA) have agreed to collaborate in the promotion of research and the dissemination of information in several areas of interest to the two agencies. Collaboration of the agencies provides for activities aimed at increased basic information about aging processes and the utilization of this information to provide improved service delivery to older people.

Department of Housing and Urban Development (Interagency Agreement)	OPD

PURPOSE OF AGREEMENT
The Administration on Aging (AoA) and the Department of Housing and Urban Development (HUD) have agreed to collaborate to support joint efforts to train housing counselors regarding home equity conversion mortgages and their alternatives. The AoA will transfer funds to HUD to be used with HUD funds to assist in obtaining and preparing housing counseling training materials and in the training of housing counselors, as well as other related purposes.

Public Health Service (MOU)	OPD

PURPOSE OF AGREEMENT
The Public Health Service (PHS) and the Administration on Aging have agreed to collaborate to support joint efforts to stimulate health promotion programs for older Americans on a nationwide scale, to prepare the

health care community for the "greying of America," and to develop "year 2000" objectives for the Nation. This agreement provides a framework on which to continue to build future and more expanded cooperative activities.

Health Resources and Services Administration (MOU) OPD

PURPOSE OF AGREEMENT
The Administration on Aging (AoA) and the Health Resources and Services Administration (HRSA) agreed to facilitate cooperative efforts in (1) supporting States and communities in their efforts to develop improved health care systems that serve the elderly; (2) promoting expanded education and training opportunities for health personnel serving the elderly; (3) collaborating with the private sector to improve health care for the elderly; (4) promoting the maintenance, improvement and expansion of health services for older persons living in rural areas; and (5) supporting model programs for older HRSA and AoA employees and for employees providing care to older family members.

National Aeronautics and Space Administration, National Insti -tute of Handicapped Research · National Institute on Aging, Veterans Administration (Interagency Agreement) OPD-

PURPOSE OF AGREEMENT
The Administration on Aging (AoA), National Aeronautics and Space Administration (NASA), National Institute on Aging (NIH), Veterans Administration (VA), and National Institute of Handicapped Research (NIHR) agreed to jointly use selected expertise and resources to focus on the needs of older people. The agencies will undertake the development of one to four devices or techniques in behalf of older persons.

Action (Draft MOU) OSCP

PURPOSE OF AGREEMENT
The Administration on Aging (AoA), and ACTION agreed to develop collaborative activities which stimulate and support voluntary action in the public and private sectors on behalf of older volunteers and frail older persons. Such activities are aimed at improving the delivery of services affecting

the physical, social, and economic well-being of needy, frail, and homebound older persons through stipend and non-stipend volunteer programs.

Department of Labor
(Draft MOU) OSCP

PURPOSE OF AGREEMENT
The Administration on Aging (AoA), and the U. S. Department of Labor, Employment and Training Administration (ETA), agreed to collaborate in assisting States and local communities in improving linkages between human service programs and to achieve an integrated response to increasing employment opportunities for, and the economic self-sufficiency of, older persons.

Urban Mass Transportation Administration OSCP
(Draft MOU)

PURPOSE OF AGREEMENT
The Urban Mass Transportation Administration (UMTA), and the Administration on Aging agreed to jointly engage in collaborative activities to achieve the goal of promoting improved coordination of specialized and human services transportation for older persons.

Social Security Administration/
Health Care Financing Administration OSCP
November 27,1989 (MOU)

PURPOSE OF AGREEMENT
The purpose of this MOU is to facilitate the development of methods to achieve a coordinated response to the needs, problems, and concerns of older persons by improving the coordination of programs administered by AoA, SSA, and HCFA which relate to the welfare of older persons by (1)improving the coordination of services funded under the program authorities of AoA, SSA, and HCFA; (2) increasing public awareness of SSA and HCFA entitlement programs, as well as other programs that support the well being of older persons; (3) increasing participation in SSA and HCFA entitlement programs and nutrition and other supportive programs of AoA; (4) reducing dependency on entitlement programs by improving personal financial security and increasing employment opportunities for older people, particularly those with

disabilities, and (5) improving health care for vulnerable older people.

National Center for Health Services Research/
Health Care Technology Assessment
September 15, 1987 (MOU) OPD

PURPOSE OF AGREEMENT
The Administration on Aging agreed to partially fund an acquisition to develop a compendium of available literature and protocols which provide information and instructions for caregivers for the elderly in the home. The Interagency Committee on Research on Aging, composed of representatives of 30 federal agencies, were advised by their "Subcommittee on Data" that on-going research on aging is needed to identify research gaps, to minimize duplication of research, to build on existing research, and to increase opportunities for collaboration. This project was designed as a first step toward the development of a computerized inventory.

Office of the Deputy Under Secretary DHHS
August 26,1988 (MOU) OSCP

PURPOSE OF AGREEMENT
This agreement between the Administration on Aging (AoA) and the Office of the Deputy Under Secretary will support the collaborative efforts of DHHS and DOT by preparing and disseminating a handbook of "best practices" demonstrating mechanisms for coordinating human services transportation systems.

Administration on Developmental Disabilities
June 27,1989 (MOU) OSCP

PURPOSE OF AGREEMENT
Under this agreement, AoA and ADD agree to jointly develop and implement initiatives to increase best practices and information sharing, to stimulate linkages between the Ombudsman and Protection and Advocacy Programs, to explore potential linkages between the Aging Resource Centers and University Affiliated Programs, and to encourage the development of memoranda of understanding between the State Developmental Disabilities Councils and State Agencies on Aging.

National Institute of Standards and Technology
April 27, 1989 (MOU) OSCP

PURPOSE OF AGREEMENT
Under this agreement, AoA and NIST specify the terms and conditions for funding activities that assure a high level of fire safety in board and care homes and to decrease the cost of achieving this safety. A two year project will be conducted to foster the use of Chapter 21 with an emphasis on determining the scope of its current use and the degree to which its use is achieving the desired goals.

Farmers Home Administration
(MOU) OSCP

PURPOSE OF AGREEMENT
Under this agreement AoA and FmHA agree to jointly engage in collaborative activities to achieve the goal of promoting the well-being of older persons by providing a coordinated, integrated response to the needs, problems, and concerns of older persons in order to, (1) improve the coordination of services funded under the program authorities of AoA and FmHA; (2) to increase public awareness of AoA and FmHA programs, the nutrition and supportive services programs of AoA and the rural housing programs of FmHA; (3) to ensure the participation of local FmHA and AoA counterparts as well as the developers and community representatives in the planning, development, and implementation of elderly housing and related facilities; (4) to encourage the provision and expansion of outreach and information and referral servicesin the communities; and (5) To encourage replication of interagency agreements between local FmHA and AoA counterparts.

The State Justice Institute OPD
(MOU)

PURPOSE OF AGREEMENT
The Administration on Aging and the State Justice Institute agreed to collaborate to inform judges and court managers about the needs of older people involved in the State court systems and to encourage them to work more closely with the aging network in order to meet the needs of older persons.

Mr. DOWNEY. We are joined now by the ranking minority member, Ms. Snowe.

Ms. SNOWE. Thank you, Mr. Chairman. I just would like to extend a warm welcome to you, Dr. Berry, and congratulate you on being nominated as Commissioner of Aging.

Dr. BERRY. Thank you.

Ms. SNOWE. I think it is testimony to your ability and leadership, that I think all sectors of the aging community support your nomination. I think it is particularly timely that you are here today as we begin to review the Older Americans Act for reauthorization in 1991, and also at the same time that we are celebrating the 25th year of the Older Americans Act and the intent of the mandate, and whether or not there should be any revisions of that act, as we begin that process. I do want to welcome you and thank you for being here today.

Dr. BERRY. Thank you.

Mr. DOWNEY. Commissioner, let me direct a couple of questions. I am sure Olympia has some, as well.

First about the status of the Commissioner on Aging within the department: You alluded to it in your statement. The 1987 amendments directed the Commissioner to report directly to the Secretary, and that AoA be elevated to the same level as an Assistant Secretary. Can you elaborate on some of the points you made about this directive and how it is being implemented?

Dr. BERRY. Well, clearly I continue to report to the Secretary on matters related to policy and program. The Administration on Aging is housed within the Office of Human Development Services, as you know, for administrative and logistical support. To date the relationship is working quite well. Mary Gall, the Assistant Secretary, has been very supportive of our agenda items and of our requests, and I mentioned my relationship with Secretary Sullivan.

Mr. DOWNEY. I think our concern is that, given the fact that you get along with Secretary Sullivan and Assistant Secretary Gall, this is really to everyone's credit but at some point in the future that may not be the case. We would prefer not to allow or have the question of personalities play a role here. For instance, salaries and expenses I think are still your agency under the Office of Human Development Services. Is that correct? Do you have control over salaries and expenses within your—

Dr. BERRY. Well, the Commissioner does have control of salaries and expenses, but this control is not absolute, in that salaries are subject to available funds and to personnel and classification procedures and regulations. The number of positions made available to the agency are determined in coordination with the Office of Human Development Services— administrative supportive services, overall strategy—so there are some constraints there, but I think that I am under some of the constraints that some of the other agencies have, as well.

Mr. DOWNEY. As I said, I talked to Secretary Sullivan about this several months after he took office and expressed my concern. I know Senator Pryor has expressed his concern, and we will continue to express our concern. Again, we are delighted that you have this relationship with the Secretary, but in the future when such a relationship may not exist or we may not have a Secretary who is

actively as interested as Secretary Sullivan is on aging matters—I hope that day will never come—I would prefer for the intent of the 1987 act to be clear.

Let me turn now to the White House Conference on the Aging, which I know you support, and I don't want to put you on the spot here, but we are concerned that efforts be made to clarify in fact that the President is still interested in calling a White House Conference on the Aging in 1991. The budget includes $1 million in Title IV for the conference. Are we to interpret this $1 million as support from the administration for the White House Conference on the Aging?

Dr. BERRY. Well, Mr. Chairman, I want to commend you for your leadership role and that of Congresswoman Snowe for holding the hearing on the White House Conference several months ago. I had no intention of returning here without a decision, in fact, I dreaded that thought, but I think the fact that there is $1 million in the 1990 budget is a good sign.

Secretary Sullivan is continuing to take a leadership role in dialogue with White House officials on whether or not there will be a conference. The chief of staff has informed me that that is in fact happening. I have been directed to set up an interim planning task force within the department, which I chair, bringing in T. Franklin Williams from NIA and others to start the actual planning process.

Mr. DOWNEY. You know, we don't jump up on the table and take our shoes off and pound here because we sense that you are a kindred soul in this matter, but I am going to talk with Ms. Snowe and maybe we can think of some sort of bipartisan pressure that we can place, because the $1 million, as Tip O'Neill said after he made it, it is not as much as he thought it was. If that applies to individuals, I suspect it even applies more graphically to conferences. I mean, I would assume that that is not enough; that there would have to be supplemental appropriations.

Dr. BERRY. Well, keep in mind now that in previous years there has been support from the private sector, nd it is my intent—I have been meeting with a number of private sector organizations—to involve them in the conference.

Mr. DOWNEY. Do you anticipate that we will need more money from us, though, even if the private sector plays a role?

Dr. BERRY. We are not planning to request a supplemental appropriation at this time.

Mr. DOWNEY. Well, let's talk a bit about the private sector. It is out of my question line here, but I am interested in these public-private partnerships. We have one in New York City in its elder care program. I don't know if you are familiar with it. The city Department on Aging has worked very well American Express and a number of other companies to set up a number of elder care programs which have these public-private partnerships.

One of the concerns that we have is whether or not there are impediments to doing this sort of thing. I mean, after all, we suddenly have city and State and possibly Federal money working in conjunction with corporations. There is nothing wrong with it intuitively, but the fact is that we do run the risk of having structured two levels of services, one where the corporations are active and in-

terested and where the Commission spends its money, and then something for everything else.

Give us your view of these public-private partnerships, if you will, and then also, if you can, address some of the potential impediments or things that we should be looking at to try to make them work smoother.

Dr. BERRY. Well, I think there are a number of ways in which we can address the whole issue of public-private partnership. Certainly what former Commissioner Sainer managed to accomplish in New York City should be given a lot of credit. I had the opportunity to meet with a number of the corporations that sponsored the holiday and weekend meals. They donated these meals. I am also aware of the fact that these corporate entities asked Mrs. Sainer to provide seminars and other technical assistance kinds of arrangements to them, so I am very supportive of the model that the New York City Area Agency on Aging has been operating under.

I think where it gets sticky is when you get into the notion of delivering services for some of the corporate organizations. There we have an issue related to elder care. Ofttimes corporations are experiencing high absenteeism rates, and they turn to the Network on Aging and to other organizations to assist them in managing their elder care programs for older people.

I think our agency is charged with serving all older persons, whether they are relatives of corporate employees or not; and I think that with the growing numbers of older persons and the considerable challenges that we face, we have to be responsive to the corporate sector. I convened a Commissioner's Round Table on elder care, established a working group to sort out some of the issues that need to be dealt with. That working group has come up with a white paper which was presented to me last night, which I will be reviewing. I also have an informal opinion, from the Office of General Counsel within the department.

But the issues relate to the role and mission of the State and Area Agencies. The issues relate to the acceptance of fees and I think, to conflict of interest kinds of things, but I don't see them as insurmountable. Very shortly I intend to issue some policy guidance to the network in terms of public-private partnerships.

Mr. DOWNEY. Excellent, excellent. I think that is what they need, to sort out some of the problem areas, and I think that sort of guidance would be helpful to us, as well.

Let me turn to Title IV. There are some specific provisions that were made for funding of long-term care at gerontological centers, and what I would like you to do, if you can, is to give us a progress report on the centers and enlighten us on their effect on Title IV in general, if you can.

Dr. BERRY. Yes. We have six centers funded. They were established in Fiscal Year 1988 for a 3-year period, to provide training and technical assistance to the State and Area Agencies. All six centers were refunded during Fiscal Year 1989. Each center has a specific area of expertise. They focus on areas including case management and assessment, quality assurance, data collection, management of Alzheimer's disease patients, and I think they have proven to be of good assistance to the States.

As I have traveled around, I see many of those long-term care center directors participating in Governors' conferences and serving as resource persons on panels, so particularly in light of the important area of long-term care, I think they are playing a meaningful role. We have used them, and in fact in I think it is March or April we will be calling together State and Area Agency on Aging directors to talk about long- term care issues, and we have asked a few of the centers to work with us during that meeting.

Mr. DOWNEY. Appropriate use of money? Too big? Too small?

Dr. BERRY. Well, I certainly am looking at my total Title IV budget, because I had a sobering experience in trying to balance the new start programs that I would like to launch under the eight goals with the continuation costs that remain from the previous administration, so I will be looking closely at those applications that come in from the long-term care centers.

Mr. DOWNEY. My last question: In 1987 we required the Commissioner to prepare an assessment of unmet needs for supportive and nutritional services in multipurpose centers, and you alluded to it in your report. Can you give the subcommittee what its principle findings and recommendations are, I mean if there are any surprises? I realize you didn't get it until last night.

Dr. BERRY. Yes. Well—

Mr. DOWNEY. Any enlightenment you can give us, I would appreciate.

Dr. BERRY. —clearly because of the diversity, I think, in the manner in which the States collected the information, it is difficult to really be definitive in terms of the findings. but having said that, I think clearly there are concerns related to in-home services, the need for more senior centers, and we certainly need to look at the manner in which nutrition services are provided, as well. The department has directed the Administration on Aging to provide TA to the State and Area Agencies to achieve administrative improvements in terms of the delivery of services.

Each State and Area Agency will be encouraged to, one, review the manner in which Title III funds are targeted toward the areas of unmet need which have been identified in the State, and I think that is a good step. Secondly, we will be focusing on program efficiency to increase the units of services which can be provided with current resources, and we will be looking at ways to increase the level of voluntary contributions received for services, to once again address the areas of unmet need. Finally, we will be undertaking initiatives to generate added resources.

So I think that the study is very important, but as I said, I believe at the National Council on Aging Board Meeting even before the study was released, many of us know what the unmet needs are. We have done research for a number of years, so it is a question I think of how we move forward to address the unmet needs.

Mr. DOWNEY. I have not had a chance to review the report, but our staff has, and they make a number of points that I would like to make to you about it.

They said that they thought that due to differing methodologies, it is not possible to draw a national summary of the data, and that one of the fundamental flaws of the report was that, in terms of the reporting requirements, that we may need to change the direc-

tion of how we direct reports to you, so that we are not dealing with different States drawing different conclusions from different methods; that we would be able to draw some national conclusions about this.

I don't doubt for a minute your sincerity in dealing with unmet needs. Please don't misunderstand the import of my comments—

Dr. BERRY. No.

Mr. DOWNEY. —but there is something very valuable, and we want you to believe this, to you and to us to have a report on which we can rely and focus, I mean, other than just the general feeling that we know what they are and they need to be dealt with. Having a report, issuing it to the press, having it commented upon and dealing with it is something that we would prefer.

Frankly, from the cursory examination of this report, it does not do that. We are going to be back in touch with you about this report and its requirement for reporting within the next couple of months.

Dr. BERRY. Mr. Chairman, if I might just say, the States did take this assignment seriously, and many of them employed consultants to help them in terms of needs assessment, and so the States did work with the Area Agencies, I think, to do the best job they could do. We were concerned with burdening the States with reporting responsibilities, so I will look forward to working with you.

Mr. DOWNEY. Sure. Thank you.

Ms. Snowe?

Ms. SNOWE. Thank you, Mr. Chairman.

Dr. Berry, what about the funding level for the Older Americans Act? That has pretty much remained constant for a considerable period of time. Do you think that we will be able to continue to meet the needs, the diverse needs of an aging population, given those current funding levels?

Dr. BERRY. Well, I think that the Congress clearly intended for us to provide services for all older persons. We are working diligently to look to new ways to provide services, to get the biggest bang for the buck, quite honestly, and that is why I am so interested in private sector relationships. That is why I am very focused on volunteerism as one of our goals, but I think that I am also interested in cost sharing.

I think as the numbers grow and the demand gets even more intense, we do have to examine the whole issue of cost sharing. I realize it is an emotional issue, through my travels across the country. In some places people feel that cost sharing should be done immediately, and in other places people have differing opinions. I had a Commissioner's Round Table on Cost Sharing, and the Inspector General is doing a study of the program.

Ms. SNOWE. Well, I notice the GAO did a report in response to a request that was made by the Aging Committee in the Senate, by Senator Matsunaga, and recommended that Congress adopt cost sharing at least for in-home services.

Dr. BERRY. Yes.

Ms. SNOWE. You would agree with that approach, provided, of course, as they suggested, that certain protections be included in the program? I gather 36 States have already—

Dr. BERRY. Some of the States, they are using some form of cost sharing, with non-Title III dollars for the most part, with other than Older Americans Act funds that are available to institute cost sharing measures. The issue is whether or not the Congress would feel that this is the appropriate time to institute cost sharing under our program.

We have been fortunate to have the level of contributions from the program, which amount to approximately $170 million, so older people feel very strongly about the program. We need to be careful because we don't want to institute a program where older people feel that they can no longer come because they cannot contribute. That is why I think the GAO study talked about the use of sliding fee scales and other measures to promote confidentiality in the program.

Ms. SNOWE. Essentially, it would sort of be a means test for elderly participants.

Dr. BERRY. We are not interested, we at the Administration on Aging—and I speak for myself as Acting Commissioner—I am not interested in promoting means testing in the Older Americans Act program, because I view that as somewhat exclusionary. What we would like to do is to, one, step up our efforts to increase voluntary contributions, and I do intend in Fiscal Year 1990 to develop an initiative that is already underway related to promoting voluntary contributions; and, secondly, to explore through the I.G. study whether or not older people are willing to pay.

Many older people, as long as they know that those dollars will be going to help others who are less fortunate, don't mind paying. If some type of schedule were introduced whereby older people would pay according to their income, and we don't exclude people because they make too much to participate, I think we might be on safer grounds.

Ms. SNOWE. Well, how do the States implement cost sharing at this point, I mean in order to determine eligibility or mandating, you know, participating in the program through a contribution? How do they—

Dr. BERRY. I think it—excuse me.

Ms. SNOWE. Go ahead.

Dr. BERRY. Well, it varies from State to State, but specifically some States, in determining the income, rely on the stated declaration of income of the older person without verification. As I mentioned, we have not been promoting cost sharing but we are going to be looking at it very closely. I intend to talk to a number of people before making a legislative proposal, and this is one of the topics that—

Ms. SNOWE. That you are probably looking at from the standpoint of certain services but not all services, or are you looking at all services?

Dr. BERRY. We are looking—I don't—we have such a successful track record with the nutrition services, that I think we need to look at some of the other services, related to in-home services and adult day care and some of the III[b] services, so we are focused on III[b] and services to the frail.

Ms. SNOWE. What about the present status of the aging network in general? I mean, obviously over the years since the passage of

the Older Americans Act there have been a number of changes in the aging population in terms of needs and demands. Many of the States have made their own contributions to assist the elderly population. Do you think that there should be any changes in terms of the way the program is implemented through the aging network and through the Area Agency?

Dr. BERRY. Well, I am convinced that with the growing numbers of older people, that the aging network must be more inclusive rather than exclusive, in terms of forging linkages with a number of agencies and organizations. As I move about, I say that aging is now a societal issue. It is not just an issue for the network of State and Area Agencies and service providers.

I view my role as one of trying to focus more on Title II of the Older Americans Act, which encourages the Commissioner, or really directs the Commissioner, to serve in a coordinative and facilitative role with other Federal agencies, within the departments, with the private sector, and with the public. I would hope that our State and Area Agencies could play that same role, and I know many of them are. Many of them are working actively with the State legislatures, with their Governors, and are undertaking a number of other efforts in this area.

So I think the role of the aging network is changing. We have proven that we are a successful program. We can deliver the services. We can put the hot meal on the table. We need to make program improvements, but I think with the numbers the way they are and with the complex issues that we face, we have to start looking at new ways of doing business.

Ms. SNOWE. Do you think that that would require changes in the existing law, or do you think—should they evolve their own implementation? Many of the Area Agencies obviously have tailored their programs to the individual needs of the community or the entire State, which might be quite different in one State as opposed to another State in terms of the way they approach their responsibilities.

Dr. BERRY. Well, I think we have to respect the levels of responsibility and the mission of the three entities responsible within the executive structure for administering the act, and I think the roles of the State and the Administration on Aging and the AAAs have to be clearly defined, as we have done so in the regulations. I guess what I would say, in short, is that we need to look at the mission statements that we have laid out in the current regulations to determine whether or not there are any impediments there that would serve to hold us back from moving forward. Quite frankly, I think if there are, they are very few, and that we can address them quickly.

Ms. SNOWE. There was a report to the House Appropriations Committee on the participation of minority and low-income elderly in programs funded under Title III of the Older Americans Act, and apparently there were decreases in participation in Title III programs by low-income minority elderly after 1981. What can we do in the act to make sure that there is full participation by those individuals?

Dr. BERRY. Well, it is a continuing issue, I think, that we face at the Administration on Aging. It has been with us for a while. I be-

lieve there was a slight increase from 1987 to 1988 in terms of minority participation rates. We are still looking at the 1989 data, but I believe it is remaining the same.

I have done a number of things. One, I had a Commissioner's Round Table on Minority Participation. I, at a Future Directions Workshop, convened a number of people to give me recommendations in terms of things the Administration on Aging can do. We have established targeting as one of the eight goals, and strategic resource allocation. I issued a program instruction, as I mentioned, to the States and Area Agencies, which was very well received. We also have in the discretionary funds program, to be published I believe on this Friday, a section in the announcement that focuses on targeting.

So I think we can continue. I intend to form a Commissioner's advisory body, whatever we call it, of key people in the field who can help us, and I have met with some congressional staff as well.

Ms. SNOWE. In the area of rural funding, which is an interest of mine because I essentially represent a rural district—unlike my colleague, so we have diverse interests in this subcommittee—I know that you have placed high priority on services in rural areas, and I had introduced legislation to increase the minimum amount required to be spent on services in rural areas under the Older Americans Act. The amendment required the collection of data in terms of how much is spent in the rural areas. Will that data be forthcoming in the near future?

Dr. BERRY. Yes, and we are looking to our National Resource Center for the Rural Elderly to help us in this regard, at the University of Missouri in Kansas City. That center is serving as a national focal point for identification of best practice programs and health care coordination and housing assistance. We also have, by the way, an interdepartmental rural health subgroup which meets in Kansas City.

But specifically on point to your question, the State program report does require each State to identify its rural elderly and to identify services being provided to those rural elderly persons. I also have an interest in this area, having worked at the Agriculture Department as the rural elderly specialist, so I will pay particular attention to this.

Ms. SNOWE. I appreciate that.

The Area Agencies are required to allocate an adequate portion of Part B funds for in-home supportive services for victims of Alzheimer's disease and their families, and are required to report on the amount of these funds. Is any information available currently on how much is being used in that direction?

Dr. BERRY. I think we can do more. We have for the first time started collecting information in terms of the participation rates of the frail and the disabled elderly in III[b] and [d]. While I think that Area Agencies are submitting some of this information to the States, I would be hard pressed to say that we have it, and I think we need to focus greater attention in this area.

Ms. SNOWE. Do you think that the Area Agencies are familiar with the kinds of services that need to be provided for Alzheimer's victims?

Dr. BERRY. I think increasingly, in light of the fact that older people are aging in place in the senior centers and some of the federally assisted housing facilities for older people, that Area Agencies are being educated, particularly through their own experience as well as through the experience of the national center, the long-term care center that we have in Florida that focuses on Alzheimer's disease. Many of the States and Area Agencies have called upon Dr. Peiffer to assist them in developing programs.

Ms. SNOWE. Have the Area Agencies been able to coordinate the priority services for these individuals, as well? I mean, do you think that they are familiar enough with the services available in their communities for victims of Alzheimer's disease?

Dr. BERRY. Well, we have tried to help them. We have supported a number of R&D efforts to develop and strengthen family- and community-based care for Alzheimer's disease victims and their families. We are collaborating with NIA and NIMH, with Dr. Williams, in this area. It is certainly an area that warrants more attention. We do have a section in the discretionary funds program. There is very little known on minorities and Alzheimer's disease, and so we have a section related to how to help the caregivers of the minorities who have Alzheimer's disease.

Ms. SNOWE. Well, looking at the demographics and the increased percentage of the elderly who will be afflicted with this disease, there is no question that there will be a significant demand placed on the aging network to provide those services and lend assistance. I was noticing a statistic: 47 percent of the over-85 group stricken with Alzheimer's disease, which is a very high percentage.

Dr. BERRY. Yes.

Ms. SNOWE. You know, as we live longer, and we see the demographics of the aging population, then I think that there is no question that this is an area that we are going to have to really give a lot of attention to for the future.

Thank you.

Dr. BERRY. Thank you.

Mr. DOWNEY. Thank you, Congresswoman Snowe.

I have just one last question: There has been concern expressed from time to time about the anomalous placement of Title V, community service employment for older Americans, which is now administered by the Department of Labor. Can you give us your feelings about Title V and the other Titles of the act? Is there an effective working relationship between the Department of Labor and AoA, and do you have any views on transferring Title V to the AoA?

Dr. BERRY. Well, employment is certainly laid out, employment opportunities for older persons, as one of the key objectives as stated in Title I of the Older Americans Act, and then in Title II of the act the Commissioner has responsibility for serving as an effective and visible advocate on behalf of all older people, and actually maintaining an active review and comment process on other Federal agencies' programs that impact on older people. We also have a coordinative responsibility under Title II, as well.

Having said that, I think that we have a good relationship with the Department of Labor. Just this week I signed a memorandum of understanding with Robert Jones, the Assistant Secretary for

the Department of Labor, and I think that he is doing an excellent job of managing the Title V program. The act clearly calls for the Secretary of Labor to administer the program, so I look forward to serving in a consultative role with the Department of Labor in managing the program.

Mr. DOWNEY. Well, this may be the shortest hearing on record. You have been terrific and responsive to our questions, and we look forward to your final confirmation and an ongoing relationship.

Dr. BERRY. Thank you. I appreciate that.

Mr. DOWNEY. Thank you very much. The subcommittee is adjourned.

[Whereupon, at 10:55 a.m., the hearing was adjourned.]

APPENDIX

APPENDIX I

APP II FCA

DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of the Secretary

Administration on Aging — Washington, D.C. 20201

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TO : The Secretary
Through: US
COS
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FROM : Acting Commissioner on Aging

SUBJECT: Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services, and Multipurpose Senior Centers -- ACTION

Action Requested By: [illegible]

ISSUE

Section 111 of the Older Americans Act 1987 Amendments (P.L. 100-175), requires the Commissioner on Aging to prepare a report to the Congress on the National Unmet Needs for Supportive Services, Nutrition Services, and Multipurpose Senior Centers not later than September 30, 1989. This report provides summaries for each State of the most recent evaluations conducted by the State Agencies on Aging and is based on the most current data available. This report is to be submitted by the Secretary to the Congress.

DISCUSSION

This national report which is required by Section 111 of the Older Americans Act Amendments of 1987 includes an overview which discusses the rationale and methods used to conduct the evaluations. Also contained in this report is a compilation of summaries of each State's evaluation of the unmet need for supportive services, nutrition services and multipurpose senior centers.

Additional Written Questions
Submitted To
Dr. Joyce T. Berry
By The Subcommittee on Human Services

1) Considering budgetary restraints, can the Older Americans Act continue to meet the needs of older persons while addressing the needs of those with the "greatest economic and social needs"?

2) It has been suggested that the Older Americans Act should mandate more specific guidelines, perhaps with intrastate funding formulas, for targeting services to low-income minorities and older persons with the greatest economic and social needs.

What would you recommend be done to clarify and strengthen the mandate but maintain flexibility at the local level?

3) In your Notes to the Network on AoA Activities, you wrote that you had initiated a proposal to the Secretary to establish a Federal Interdepartmental Committee on Aging which would enhance the visibility and leadership position of AoA and the Department on aging issues.

If the Committee is established, do you envision it leading to AoA becoming a national focal point and providing a coordinating role for aging programs and issues?

Would this be desirable?

What other outcomes do you anticipate from such a Committee?

What resources would be needed to enhance AoA's capability in such a role?

4) Would you please expand on the comments you made during your oral testimony regarding the role of the aging network in working with the private sector to address the eldercare needs of employed caregivers, particularly focusing on the potential conflicts of interest that might develop?

5) The Unmet Needs Study was to provide a geographical and statistical national analysis of unmet needs for supportive services. This information was to come from state plans.

Do you think that the information that AoA obtained provides the comprehensive and truly valid information that Congress intended for the report?

If not, what would be needed to obtain sufficient valid data to provide an effective analysis of unmet needs for supportive services nationally?

6) What are some of the initiatives that AoA is carrying out to improve the availability of transportation to older persons, particularly in rural areas?

Do you think that the new data reporting system will provide the information needed to analyze how transportation services could be better provided?

7) The National Association of Counties and the Conference of Mayors have both completed studies on issues in suburban aging.

What is your assessment of these studies?

What efforts have you made, or are making, to focus on suburban aging issues?

8) Have you made a comprehensive assessment of studies on Multi-Purpose Senior Centers?

Do you foresee an expanded role for these centers?

Do we need to concentrate more funding on these activities?

9) The Report on Long Term Care Ombudsman Activities shows that the percentage of non-Federal funds used by local units in funding ombudsman programs has increased from 38% in FY 1987 to 41% in FY 1988.

Is this increasing non-Federal share evident in other Title III programs?

The Report also showed that the percentages of cases not investigated and cases still active at the close of the year increased in FY 1988.

Is there any reason to believe that these increases are due to a shortage of funds or of staff?

10) A growing number of older Americans who live alone at home or in institutions are unable to assert effectively their legal rights.

Are state courts and legal systems prepared to offer adequate protective services to elders?

Short of developing a system of "senior courts", what can be done to improve legal protections for seniors?

11) The 1987 amendments included a number of new Title III services which have not yet been funded because of the appropriations trigger. Among them are outreach services for SSI, food stamps and medicaid; elder abuse prevention services; health education and promotion programs; and assistance for special needs. In the absence of a specific appropriation, states are entitled to use their Title III funds for these programs.

To what extent have states availed themselves of this option and funded any of these programs?

What is your estimation of the aging network's ability to provide these services in the absence of a specific appropriation?

12) Section 422 of the Older Americans Act, authorizing demonstration projects, requires special consideration for projects designed to meet the needs of victims of Alzheimer's disease and their families.

Would AoA be able to prepare a report on the projects which have been undertaken, including where they are located, who is administering them, how much is being spent?

What does AoA hope to learn from these demonstration projects?

Will there be a mechanism to assure that the results of these projects are disseminated to state and area agencies and to other service providers?

13) Would you provide the Subcommittee with information about other efforts AoA, or state and area agencies, are undertaking directed toward the particular needs of Alzheimer's patients and their families?

14) Has AoA collaborated with the National Institute on Mental Health (NIMH) or the National Institute on Aging (NIA) to address jointly Alzheimer's research and care issues?

Do you foresee more collaborative efforts with NIMH and NIA in the future?

App I

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of the Secretary

Administration on Aging
Washington, D.C. 20201

FEB 23 1990

The Honorable Thomas J. Downey
Chairman
Subcommittee on Human Services
Select Committee on Aging
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Downey:

Again, let me tell you how much I appreciated the opportunity to appear before the Subcommittee on Human Services on February 7 and to present testimony on the Administration on Aging's progress in implementing the 1987 Amendments to the Older Americans Act.

Enclosed are my responses to the questions which were included in your letter to me dated February 8, for the hearing record. I look forward to our continuing dialogue as we work together for the benefit of the nation's older population.

Sincerely,

Joyce T. Berry

Joyce T. Berry, Ph.D.
U.S. Commissioner on Aging-Designate

Enclosure

Question:

1) Considering budgetary restraints, can the Older Americans Act continue to meet the needs of older persons while addressing the needs of those with the "greatest economic and social needs"?

Answer:

I believe that the necessity to continually explore ways to meet the needs of all older persons while addressing the needs of those with the "greatest economic and social needs" is not a new one. While our budgetary restraints are painfully aware to all of us who are interested in deficit reduction, we have never, over the twenty-five year history of the Older Americans Act, had -- and never will have a "carte blanche" to meet the multiple needs of our nation's aging population.

It will be important for us to continue our efforts to promote public-private collaborative efforts in order to broaden the resource base. We must continue developing interagency agreements with other Federal agencies and promoting program efficiencies. I do think it is extremely important for us to continually look for new ways to increase the ability of State and Area Agencies on Aging to effectively target services to older persons with the greatest economic and social needs. At the same time, I think it is essential for us to consider ways of making the available public dollars go further including encouraging voluntary contributions for program participants as appropriate.

In addition, as you know, cost-sharing is an important issue that is being widely discussed at the present time throughout the national network of services for the aging because of the rapidly increasing need for services, the rise in the costs of providing the services and difficulty in finding funds to meet the needs. I recently convened a Commissioner's Roundtable on Cost Sharing to share the experiences and views on the issue of State and Area Agencies on Aging, service providers, and other experts. The author of the recent report on cost-sharing by the General Accounting Office entitled "In-Home Services for the Elderly: Cost Sharing Expands Range of Services Provided and Population Served" was also present. That report was based on findings from responses to a questionnaire mailed to all State Agencies on Aging and 675 AAA's; however recipients of these services were not queried.

I think it is important that we look at this issue with an open mind. In order to better determine the willingness of participants in programs funded under Title III of the Older

(Question 1, p. 2)

Americans Act to share the cost for services they receive I have requested the HHS Office of the Inspector General to conduct a major study on this issue as well. I believe that by sharing experiences and different perspectives on this subject, we all will have a clearer understanding of the issues involved in cost-sharing and will be better able to evaluate the benefits and limitations of this policy.

Question:

2) It has been suggested that the Older Americans Act should mandate more specific guidelines, perhaps with intrastate funding formulas, for targeting services to low-income minorities and older persons with the greatest economic and social needs.

What would you recommend be done to clarify and strengthen the mandate but maintain flexibility at the local level?

Answer:

First of all, I think it is extremely important that State and Area Agencies on Aging be allowed the broadest flexibility possible and feasible in making their determinations on intrastate funding formulas.

I think it is important, however, for the Administration on Aging to continue to develop, suggest and implement new strategies that allow the States to be creative in targetting services to low-income minorities and those older persons with the greatest economic and social needs including their development of intrastate funding formulas.

As you know, I recently convened a Commissioner's Roundtable on targetting services to the most needy elderly. The roundtable included leaders of organizations representing state and Area Agencies on Aging, National minority aging organizations serving Blacks, American Indians, Pacific/Asians and Hispanic Americans, a State Agency on Aging Director, an Area Agency on Aging Director, a service provider agency representative and a representative of AoA's National Resource Center on Minority Aging. Among the issues discussed were: 1) intrastate funding formulas; 2) hiring minority staff; 3) site selection; 4) training aging network staff; and 5) minority contracting.

I also issued a Program Instruction to State and Area Agencies on Aging which promotes increased commitment to target services to those older individuals who are in greatest economic or social need, with particular attention to low-income minority older persons. States were encouraged to examine all aspects of their operations to meet this mandate of the Older Americans Act, with special emphasis on the intrastate formula used to distribute funds to planning and service areas within each State.

(Question 2, p. 2)

There are numerous other ways in which we are trying to provide additional support to State and Area Agencies on Aging in meeting their mandate, including a Program Instruction to remind them of their statutory responsibilities to assure that Native American elderly receive service they are entitled to under Title III of the Act; through the use of discretionary resources; through the National Resource Center on Minority Aging Populations, and through a survey of staffing patterns of State and Area Agencies on Aging and service providers.

We are also working to develop a Memorandum of Understanding with the Bureau of Census for a special tabulation of 1990 minority census data. It is anticipated that the specialized data will facilitate implementation of national targetting initiatives.

Question:

3) In your Notes to the Aging Network on AoA activities, you wrote that you had initiated a proposal to the Secretary to establish a Federal Interdepartmental Committee on Aging which would enhance the visibility and leadership position of AoA and DHHS on aging issues.

If the Committee is established, do you envision it leading to AoA becoming a national focal point and providing a coordinating role for aging programs and issues?

Answer:

The proposed Interdepartmental Committee on Aging is now called the Interdepartmental Task Force on Aging. The Task Force is seen as an important coordinating mechanism for promoting collaboration among Federal departments and agencies concerned with the elderly population.

* Would this be desirable?

Answer:

With the anticipated increases in the older population which will occur early in the next century, crucial decisions must be made now to assure that resources and services will be in place to meet the needs of older people in the 21st century. Federal departments and agencies as well as other institutions in our society must prepare for these demographic changes, the different characteristics of the elderly and the societal patterns that are emerging.

* What other outcomes would you anticipate from such a committee?

Answer:

The Task Force would provide a ready forum for dialogue on both continuing and emerging issues. If the President calls for a White House Conference on Aging in 1991 the Task Force could be called upon to provide appropriate review and discussion of Federal policy issues in the White House Conference planning and implementation processes.

* What would be needed to enhance AoA's capability in such a role?

(Question 3, p. 2)

Answer:

Perhaps the most significant factor that will contribute to the success of the Task Force is the awareness by the Federal departments and agencies of the need to make crucial decisions now to assure that resources and services will be in place to meet the needs of an aging society. By bringing together key Federal officials and meeting regularly around the most critical emerging issues facing older persons, we expect that everyone's sense of awareness and commitment will be greatly expanded.

Question:

4) Would you please expand on the comments you made during your oral testimony regarding the role of the aging network in working with the private sector to address the eldercare needs of employed caregivers, particularly focusing on the potential conflicts of interest that might develop?

Answer:

The provision of eldercare services is an emerging issue for private sector organizations and the Administration on Aging (AoA) and the aging network.

Private corporations are concerned about the difficulties experienced by their employees in meeting their often conflicting work and family caregiver demands. As a result, private sector organizations are increasingly turning to the aging network for assistance.

The Older Americans Act clearly charges the aging network with responsibility for collaborating with the private sector to assure that comprehensive service systems for older persons are available in every community. Network agencies are increasingly working with corporations to provide assistance to employed caregivers, e.g. information and referral, staff training, and employee counseling.

At the same time, the Act includes certain provisions that may restrict the role of the aging network in addressing the eldercare needs of employed caregivers. These include provisions relating to the mission of the Area Agency, contracting for service and targetting to low income and minority older persons.

Over the past six months AoA has been re-examining the statute and Title III regulations while meeting with State and Area Agency on Aging representatives to discuss the appropriate role of the network in eldercare. We plan to issue policy guidance on this subject shortly.

Question:

5) The Unmet Needs Study was to provide a geographical and statistical national analysis of unmet needs for supportive services. This information was to come from State plans.

Do you think that the information that AoA obtained provides the comprehensive and truly valid information that Congress intended for the report?

If not, what would be needed to obtain sufficient valid data to provide an effective analysis of unmet needs for supportive services nationally?

Answer:

The determination of unmet needs is a complex issue which must overcome many practical and methodological obstacles. The report which AoA submitted was one approach to this issue based on available data from the States.

AoA has also addressed the issue of needs through its grant to the Heartland Center on Aging, Disability and Long Term Care at the National Center for Senior Living and the University of Indiana at Indianapolis. This Center provides training, technical assistance, and information to State Units on Aging on data system development. The Heartland Center has included in its activities to include preparation of a series of technical assistance tables with national and regional statistics as well as assisting those States who want to supervise their own data collection.

Five types of information products are emerging in the current support year (Year 2):

- Technical assistance guides which educate State aging planner on the use of national data sets, e.g. the Survey of Income and Program Participation, the Hispanic Health and Nutrition Expenditures Study, the Annual Housing Survey, and the Supplement on Aging to the 1984 National Health Interview Survey;

- Data set profiles which briefly describe and summarize data found in national data sets;

- Special studies on unmet needs of minority groups;

- Reports of work on sampling and questionnaire development in States which the Center has provided in-depth technical assistance; and

(Question 5, p. 2)

- A "best practice" guide on needs assessment instruments developed by State Units and Area Agencies, gleaned from a 100% questionnaire response of State Unite and responses of more than 160 Area Agencies on Aging

Products now in press, relevant to unmet needs are:

- Unmet Needs: The challenge for Planning and Targeting of Resources. A 100 page basic statistical summary of data in the 1984 Supplement on Aging to the National health Interview Survey which are relevant to planning for the delivery of in-home health and personal care, chore services and, in a more limited, manner, for community-based services, including home-delivered meals and senior centers. Data is expressed in national and regional terms and is not a substitute for local planning data.

- The Graying of Black America. Selected findings from the 1984-86 Longitudinal Study on Aging on health status, morbidity and mortality rates and changes in Activities of Daily Living (ADL) functioning among Black and white elders seventy years of age and older.

- The Unmet Needs of Caregivers of Dependent Elders: A Case Study of Three States. Report of a telephone interview, small random sample of caregivers and their dependent elders in Illinois, Arkansas and Montana to determine the needs of primary care providers and service utilization of both the elders and caregivers.

The Center works closely with an advisory group of State, Federal and local planners on identifying and prioritizing new data bases to analyze, summarize, and translate into terms useful for State Units and Area Agencies on Aging. It is also collecting and archiving State and local data bases on unmet needs and service provision to expand its resource capability. This year 15 planning practitioners from State and area agencies will spend up to two weeks at the Center improving their knowledge and skills in developing questionnaires and sampled designs, and in analyzing data bases which they developed for use in their own agencies.

In addition, the Center will produce new data profiles on service needs of Asian and Pacific Islanders and a comparison

(Question 5, p. 3)

of health and service needs of black and whites between age 45 and 60. A technical report, Predicting Utilization of Community-Based Services: Differences Among States and Implications for Planning, will be prepared describing a model for linking national data bases to a state policy indicators data base. Use of this model could considerable improve the accuracy of predicting service needs by adjusting national needs to local conditions.

Question:

6) What are some of the initiatives that AoA is carrying out to improve the availability of transportation to older persons, particularly in rural areas?

Answer:

The Administration on Aging is in the process of developing several program efforts to improve transportation services for older persons including the development of a Memorandum of Understanding (MOU) with the Urban Mass Transportation Administration (UMTA). The purpose of this MOU is to facilitate the development of collaborative activities to improve the coordination of specialized and human services transportation for older persons.

AoA and UMTA will place special emphasis on the low-income, minority, disabled, rural and other "hard to reach" elderly. The agreement is designed to improve access to nutrition, health care, and supportive services for older persons. One of the objectives is focused on the developing new mechanisms to involve the private sector. Another objective is to encourage the development of more volunteer rural transportation services.

In addition, AoA has funded a three year cooperative agreement with a National Resource Center for Rural Elderly. This Center has selected access/transportation as one of its major areas of study. This Center serves as the national focal point for States and communities and the development of effective community based systems. They are providing training and technical assistance, best practice models and disseminating informational materials about rural transportation issues and programs to State and Area Agencies on Aging.

* Do you think that the new data reporting system will provide the information needed to analyze how transportation services could be better provided?

Answer:

The new data reporting system will provide AoA with data on a State by State basis about the number of units of transportation services provided to older persons in rural areas. This information will be helpful in identifying those States which may need special assistance in improving transportation services.

Question:

7) The National Association of Counties and the Conference of Mayors have both completed studies on issues in suburban aging.

What is your assessment of these studies?

What efforts have you made or are you making to focus on suburban aging issues?

Answer:

Both organizations combined on a study of "Community Planning to Promote Independent Living for the Suburban Elderly," a project funded by AoA during mid-1986 to early 1988. The major purpose was to increase the awareness and capacity of city and county officials, planners and other local officials to develop policies, and service delivery systems to assist older suburban residents in living independently. The major product of the project was a report, "Graying of Suburbia: Policy Implications for Local Officials." The report included a descriptive analysis of a survey of 260 Metropolitan Statistical Areas; two case studies of suburban Columbus and Franklin Counties in Ohio and Richmond/Henrico County, Virginia; and issue papers on home and community-based care, housing alternatives and transportation options.

The project tended to reinforce prior studies and findings in this area, for example:

- o recognition of the need for interjurisdictional planning for the suburban elderly;
- o identification of such priority concerns as home and community-based care, housing, and transportation;
- o local governments and Area Agencies on Aging should work cooperatively in responding to the needs of suburban elderly; and
- o within each metropolitan area, focal points are needed for older people to receive information about available services.

Over the past decade, AoA has supported this and several other R&D projects dealing with the needs and characteristics of the suburban elderly.

Question:

8) Have you made a comprehensive assessment of studies on Multi-Purpose Senior Centers?

Do you foresee an expanded role for these centers?

Do we need to concentrate more funding on these activities?

Answer:

Under the provisions of the 1987 Amendments to the Older Americans Act, it is specified that "...special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points."

AoA has funded a contract with the National Council on the Aging, Inc. (NCOA) to provide training and technical assistance to State and Area Agencies on Aging in the further development of community focal points. NCOA will produce a brochure for nationwide distribution defining focal points, provide one training/technical assistance session in each Region, and develop a handbook to be used as a guide for expanding the number and improving the quality of services available through community focal points.

Question:

9) The Report on Long term Care Ombudsman Activities shows that the percentage of non-Federal funds used by local units in funding ombudsman programs has increased from 38% tin FY 1987 to 41% in FY 1988.

Is this increasing non-Federal share evident in other Title III programs?

Answer:

Yes, over the past several years States have consistently over matched in other Title III programs.

The Report also showed that the percentages of cases still active at the close of the year increased in FY 1988.

* Is there any reason to believe that these increases are due to a shortage of funds or of staff?

The information gathered by AoA does not provide sufficient information to conclude the reason for the increase. However, a couple of States indicated that the position of State Ombudsman was vacant for part of the year.

Question:

10) A growing number of older Americans who live alone at home or in institutions are unable to assert effectively their legal rights. Are State Courts and Legal Systems prepared to offer adequate protective services to elders? Short of developing a system of "senior courts", what can be done to improve legal protections for seniors?

Answer:

The Administration on Aging regards legal assistance and protective services as important needs of older people. It is currently promoting the improvement of legal protections for older Americans at the State and local level through funding research and demonstration projects in the areas of legal assistance, guardianship, elder abuse, and ombudsman. Those projects are summarized below.

In addition, AoA has recently signed a Memorandum of Understanding (MOU) with the State Justice Institute to work together to encourage cooperation and joint activities between the Aging Network and the State court systems. One portion of this understanding involves joint funding of a National Conference on Court Related Needs of the Elderly and Disabled sponsored by the National Judicial College and the American Bar Association.

AoA-Supported Projects Related to
Legal Rights of Older Americans

A) Legal Assistance:

1) Assuring Quality and Accessibility of Legal Assistance to Vulnerable Elderly - Wisconsin Bureau on Aging

This project will evaluate Wisconsin's unique statewide legal services system for older people which uses lay advocates, supervised by attorneys. It will include a statewide survey of legal needs, assess the responsiveness of the system and implement systems improvements.

2) Carson and Rural Elder (CARE) Law Project - Nevada Division for Aging Services

The CARE Law Project will demonstrate the delivery of legal assistance to homebound rural older persons in Nevada.

(Question 10, p. 2)

3) Legal Needs of American Indian Elders Research Project - American Indian Law Center

The project has examined three levels of government - Tribal, Federal and State/county to determine the legal needs of American Indian Elders. The major areas of concern being studied include: guardianships, elder abuse, trust land leasing, access to human services programs, and lack of access to loans. The result will be a final report which will survey the legal framework which supports the provision of services to Indian elderly, make recommendations for change, and provide a model tribal ordinance on guardianship.

4) A National Support Project to Enhance Legal Assistance to Older People - Center for Social Gerontology

The project addresses aspects of all components of the legal assistance system to strengthen leadership roles of State Agencies on Aging in developing legal assistance for older persons. Support includes providing substantive legal assistance, case consultation, and training on alternatives to guardianship and other areas.

5) National Legal Assistance Support Project - Legal Counsel for the Elderly/AARP (LCE)

This project provides a range of national legal assistance support including: (1) helping develop the capacity to conduct training in substantive law and advocacy skills; (2) operating the National Support in Protective Services Law program; (3) establishing Statewide volunteer advocacy networks; (4) assisting states to develop Statewide Legal Hotlines; and (6) recruiting volunteers and providing technical assistance for legal assistance and representative payee programs.

6) National Legal Assistance Support in Private Attorney Involvement - American Bar Association

The project will strengthen the leadership capacity of the State Agencies on Aging in the area of legal assistance. During 1988-89, the grant will facilitate: (1) increased private attorney involvement through pro bono, reduced fee and community education projects; (2) development of a pro bono recruitment video and a basic attorney's guide for

(Question 10, p. 3)

effective representation of proposed wards in guardianship proceedings; (3) inform SUAs of legislative and policy developments in protective services; and (4) providing intensive assistance to SUAs in the development of: (a) coordinated Statewide legal assistance systems, (b) effective linkages with State court systems, (c) effective linkages with mediation and dispute resolution projects, and (d) effective linkages with state Attorneys' General.

7) National Legal Assistance Support Project - National Senior Citizens Law Center

This project provides national legal assistance support though: (1) Case Consultation -- will be available to State and Area Agencies on Aging, legal assistance developers and providers, ombudsman, and others involved in representing older people, including access to a staff of highly experienced attorneys with expertise in the areas of law most often of importance to older people; (2) Training -- will be provided for experienced advocates in SSI Non-disability Eligibility, Resources and Overpayment Issues and Age Discrimination; (3) Substantive Advice and Technical Assistance; and (4) Publications -- 'Tax Reference Guide', 'Social Security Cookbook', 'The Rights of Older Workers', and 'Health and Pension Benefits After Retirement'.

8) Black Legal Assistance Support Project - National Bar Association

This project will assist State Agencies on Aging (SUAs) to work with NBA Chapters to encourage the increased recruitment and utilization of Black attorneys in the delivery of legal assistance to the Black elderly, especially the poor.

B) Guardianship:

1) Ohio Department of Aging/Trumbull County Probate Court Guardianship Diversion Project - Ohio Department of Aging

The Guardianship Diversion Project, located in the Trumbull County Probate court, will: (1) evaluate potential wards, seeking alternatives to guardianship to preserve maximum self-reliance and civil rights; (2) evaluate current wards and their guardians with efforts to establish less restrictive alternatives to guardianship; (3) provide

(Question 10, p. 4)

on-going case management for clients in cooperation with social service providers; (4) present training workshops for attorneys, physicians, service providers and others to spread awareness of the objectives of the project and community resources; (5) develop materials for use by other probate courts including a manual, a software program, and a video. The results of the project will be presented at meetings of the National and State Probate Judges Associations and other appropriate forums.

2) Facilitating the Use of Alternatives to Guardianship - Michigan Office of Services to the Aging

This project will test the use of a dispute resolution/mediation model to avoid the use of guardianship. The project will link community-based agencies which provide comprehensive assessment, care planning, service brokering and follow-up with the local Probate Court. The project will provide comprehensive assessments of older individuals against whom guardianship petitions are filed. Specially trained support services/health services personnel will assess the individual's capacities, social support systems, and need for assistance. If an orchestrated array of support and/or money management services is sufficient to meet the individual's needs, mediation will be used to see if the petitioner and respondent can agree to such lesser intervention. To insure due process rights and a 'day in court' for both petitioner and potential ward, acceptance of alternatives will be voluntary and uncoerced. If agreement is not reached, the case will go forward but the evidence from the assessment will be available to the court. The project will use control groups to test the effectiveness of the program.

3) Money Management Program: A State Model - Legal Counsel for the Elderly/AARP

This project will develop a statewide model of early intervention services as an alternative to guardianships for older people. It will serve people in the least restrictive manner including: (1) self help materials on money management; (2) bill payer services; and (3) representative payee services. It will combine the expertise and experience of a State Unit on Aging, local social service agencies, and the Social Security Administration to recruit, train, coordinate and monitor volunteers to perform these three early intervention services.

(Question 10, p. 5)

The project will establish projects in three communities in one state to provide this full range of money management services; to develop a structure at the state level to coordinate and monitor these projects; and to create a structure within AARP/LCE to allow replication of this model in other states. The project will develop self help materials suitable for low income and minority older people; training materials; and materials which will assist a state to replicate the model. AARP will continue to provide support to states replicating the model.

4) National Study of Guardianship Systems and Feasibility of Implementing Expert Systems - Center for Social Gerontology

The Project will collect data and descriptive information nationally on how and to whom guardianship services are provided and develop a national profile of the process for imposing guardianship. As a result of the study, courts and court administrative offices will gain knowledge useful to improving court procedures.

5) Training for Guardianship Alternatives - American Bar Association

The Project will conduct training on alternatives to guardianship and support services in 9 States for aging network and other professionals in such fields as protective services and legal services.

C) Elder Abuse:

1) Short Term Training for Elder Abuse Prevention in Puerto Rico - Governor's Office of Elderly Affairs, Puerto Rico

The Project will sensitize State and private sector elder services staff and administrators regarding the legal and protective services needs and rights of Puerto Rican elders.

2) National Aging Resource Center on Elder Abuse - American Public Welfare Association, with the National Association of State Units on Aging, and the University of Delaware

NARCEA provides training and technical assistance to aging and adult protective service personnel to improve protective services for vulnerable older persons. These are the principal agencies which provide protective services for older persons.

(Question 10, p. 6)

D) Ombudsman:

1 National Aging Resource Center on Long Term Care Ombudsman - National Association of State Units on Aging and the National Citizens Coalition for Nursing Home Reform

The Center assists States in developing and managing effective ombudsman programs

2) An Integrated Quality Assurance System for Home-Based Services - Colorado Department of Social Services

The Colorado State Unit on Aging will direct a statewide collaborative effort to develop an integrated system for assuring the quality of in-home supportive services for older persons. The resultant model system will include: intermediate sanctions to address sub-standard service provision; a model monitoring instrument and client checklist; revised contracting practices; a consumer education component; computer-assisted tracking; an expanded ombudsman role; a complaint/reporting system; an analysis of existing standards; an evaluation model to measure effectiveness; and the establishment of a home care advisory council.

2) A Consumer Protection Program for Home Care Consumers: Assuring Home Care Quality through the Long-Term Care Ombudsman Program - Virginia Department for the Aging

The Virginia Department for the Aging, through the Office of the State Long-Term Care Ombudsman, will develop and implement a model consumer protection program for home care users utilizing trained volunteer mediators and self-advocacy training for consumers and their families. When this model project is completed in two years, five Regional Home Care Ombudsmen, supervised by the State Ombudsman Program, will implement the program. In addition, the program will focus on the consumer as a major player in assuring quality care.

Question:

11) The 1987 amendments included a number of Title III services which have not yet been funded because of the appropriations trigger. Among them are outreach services for SSI, food stamps and medicaid; elder abuse prevention services; health education and promotion programs; and assistance for special needs. In the absence of a specific appropriation, states are entitled to use their Title III funds for these programs.

To what extent have states availed themselves of this option and funded any of these programs?

Answer:

Our data collection instruments do not presently call for this specific information; however we do have anecdotal information which indicates that States are attempting to implement initiatives to identify and enroll in the supplemental security income, Food Stamp, and Medicaid programs individuals with the greatest economic need who may be eligible to receive, but are not receiving, benefits under these programs. An example exists in the State of New York where a recent law included provisions for the establishment of an SSI Outreach Program, requiring the State Office for the Aging to make up to ten (10) grants to AAA and not-for-profit organizations to conduct SSI outreach.

In addition, AoA in collaboration with other Federal agencies has supported national initiatives which promote increased efforts in the areas of these new services. (For example, distribution of outreach materials to States on SSI, Food Stamp, and Medicaid programs.)

What is your estimation of the aging network's ability to provide these services in the absence of a specific appropriation?

I believe that the entire aging network will continue to seek innovative ways to provide the needed services. Certainly, we in the Administration on Aging will continue to work collaboratively with other Federal and national organizations in the public and private sector to encourage the development and provision of these services.

Question:

12) Section 422 of the Older Americans Act, authorizing demonstration projects, requires special consideration for projects designed to meet the needs of victims of Alzheimer's Disease and their families.

Would AoA be able to prepare a report on the projects which have been undertaken, including where they are located, who is administering them, how much is being spent?

What does AoA hope to learn from these demonstration projects?

Will there be a mechanism to assure that the results of these projects are disseminated to state and area agencies and to other service providers?

Answer:

Beginning with Fiscal Year (FY) 1985 the Administration on Aging (AoA) has supported:

- a substantial number of research and demonstration projects designed to develop and strengthen family and community-based care for Alzheimer's Disease (AD) victims and their family caregivers;
- the development of a synthesis of information about community-based services for family caregivers of AD victims which has been widely disseminated nationwide;
- an AoA/NIA co-sponsored national conference program on AD in FY 1988;
- a National Aging Resource Center on Alzheimer's Disease (NARC/AD), a current project first implemented in FY 1988, located at Suncoast Gerontology Center, University of South Florida, Tampa, Florida, directed by Eric Pfeiffer, M.D.;

From FY 1985 through FY 1989 AoA has supported 45 different projects in the area of AD at agencies and organizations in 21 different states for a total of approximately five and one half million dollars ($5.5 million). Useful information has resulted from these projects concerning the development of comprehensive community based systems of care for the victims of AD and their families, methods to support family caregivers, and insights relevant to the special needs of minority caregivers of AD patients.

(Question 12, p. 2)

In FY 1990 AoA anticipates funding up to 3 new projects designed to improve access to services by minority persons with AD and their family caregivers and to provide continued funding for the NARC/AD for a possible total expenditure of up to approximately $500,000.

Final reports are available on all completed projects and many final reports are disseminated directly to State and Area Agencies on Aging as well as to some other service providers in the aging network. In addition, final reports are inputted into several different data bases for easy access by the aging network, professionals, planners, policy makers, as well as the general public.

Question:

13) Would you provide the Subcommittee with information about other efforts AoA, or State and Area Agencies, are undertaking directed toward the particular needs of Alzheimer's patients and their families?

Answer:

Over the years, AoA has undertaken a number of program initiatives to provide more services to older persons with Alzheimer's Disease and their families. These initiatives have included such activities as the development of family support groups, respite services and the use of AoA discretionary grant funds to help State and Area Agencies assist caregivers of Alzheimer victims.

In 1988, AoA entered into a three cooperative agreement with the University of South Florida to establish a National Long Term Care Resource Center with a special focus on Alzheimer's Disease and other dementias. The Center is assisting State Agencies in their efforts to plan, develop and implement programs and services to Alzheimer's patients. This past year, this Center has focused on addressing the needs of elderly minorities.

Nearly every State Agency has encouraged special activities to assist in the care of Alzheimer's patients. Some examples of State activities include:

Hawaii plans a crisis intervention program and to develop case management and respite programs, including an emergency respite care service.

Illinois has developed a comprehensive training plan which includes training case managers and home care training in community colleges in the State.

Kansas has establish four diagnostic centers which it hopes to expand to rural areas. They have a State newsletter with a helpline, are providing information on the disease to State libraries and are encouraging the development of respite care and adult day care by providing seed money for start up and encouraging the private sector to finance these services.

The New York City Area Agency on Aging established an Alzheimer's Disease Resource Center which provides specialized information and referral, counseling of families and assists Alzheimer's families to access the services they need.

Question:

14) Has AoA collaborated with the National Institute on Mental Health (NIMH) or the National Institute on Aging (NIA) to address jointly Alzheimer's research and care issues?

Do you foresee more collaborative efforts with NIMH and NIA in the future?

Answer:

AoA has entered into collaborative efforts with other Federal agencies such as NIMH and NIA. Through cooperative information sharing with NIMH, both agencies have been able to minimize duplication of efforts in their respective research and demonstration program activities.

Collaboration with NIA has resulted in the inclusion by AoA of a special priority area under the FY 1987 grants program that supported collaborative projects with such qualified organizations as NIA's Alzheimer's Disease Research Centers (ADRC), and the subsequent award of funds for five (5) new projects.

In FY 1988 AoA and NIA, working together through an interagency agreement, launched a co-sponsored program to support a series of conferences that focused on AD caregiving and caregiver support. The program was announced to all NIA sponsored ADRC's, and, as a result of this grants competition, AoA provided $600,000 in support for fourteen (14) state-of-the-art conferences in nine (9) different states. This national conference program is attracting large numbers of people from a broad spectrum of disciplines and interests. Programs have been individually designed to appeal to different target groups, including State and Area Agencies on AGing, aging services providers. primary care and geriatric physicians, researchers, nurses, social workers, case managers, as well as policy makers and planners.

AoA also works directly with NIMH and NIA, as well as other Federal agencies, on the Department's Council on Alzheimer's Disease. The Council coordinates research on AD conducted by the Department and establishes mechanisms for sharing of information among appropriate Department employees. The Council also identifies the most promising areas of research concerning AD, establishes mechanisms to use the

(Question 14, p. 2)

results of research concerning AD in the development of policies, programs, and means to improve the quality of life for older Americans, and assists NIA, NIMH, and the National Center for Health Services Research and Health Care Technology Assessment in developing and coordinating the plans for research efforts.

AoA looks forward to continuing collaborative efforts with other Federal agencies in the area of AD and is currently discussing plans with NIA to cooperate on a joint effort to expand information dissemination activities in the area of AD by working with NIA's Alzheimer's Disease Education and Referral Center.

APPENDIX II

APP I

THOMAS J. DOWNEY, NEW YORK
CHAIRMAN

WILLIAM J. HUGHES, NEW JERSEY
TOM LANTOS, CALIFORNIA
BILL RICHARDSON, NEW MEXICO
JAMES McCLURE CLARKE, NORTH CAROLINA
JOSEPH P. KENNEDY II, MASSACHUSETTS
LOUISE M. SLAUGHTER, NEW YORK
HARLEY O. STAGGERS, JR., WEST VIRGINIA
FRANK PALLONE, JR., NEW JERSEY
PETER A. DeFAZIO, OREGON
JOHN LEWIS, GEORGIA
EDWARD R. ROYBAL, CALIFORNIA
(EX OFFICIO)

JOHN P. OLINGER
STAFF DIRECTOR
(202) 226-3349

U.S. House of Representatives
SELECT COMMITTEE ON AGING
SUBCOMMITTEE ON HUMAN SERVICES
811 HOUSE OFFICE BUILDING ANNEX 1
Washington, DC 20515

OLYMPIA J. SNOWE, MAINE
RANKING MINORITY MEMBER

NORMAN D. SHUMWAY, CALIFORNIA
BEN BLAZ, GUAM
FLOYD SPENCE, SOUTH CAROLINA
WILLIAM F. CLINGER, JR., PENNSYLVANIA
CONSTANCE A. MORELLA, MARYLAND
PATRICIA F. SAIKI, HAWAII
JOHN J. DUNCAN, JR., TENNESSEE
MATTHEW J. RINALDO, NEW JERSEY
(EX OFFICIO)

NATALIE CARRON
MINORITY STAFF DIRECTOR
(202) 226-3349

February 8, 1990

Honorable Joyce T. Berry
Commissioner-Designate
U.S. Administration on Aging
330 Independence Avenue SW
Room 4760
Washington, DC 20201

Dear Dr. Berry:

I would like to take this opportunity to thank you for appearing before the Subcommittee on Human Services yesterday. Your testimony was excellent and your responses to our questions were forthright and helpful to the Subcommittee in its effort to carry out oversight of the Older Americans Act.

My colleague, Congresswoman Snowe, the Ranking Minority Member on the Subcommittee, and I have a number of questions we would like you to address. In addition, Congressman John Edward Porter has asked us to submit a number of questions to you and they are included as well.

The hearing record will close in two weeks and I would appreciate it if you could respond to these queries by February 22, 1990.

Thank you for your cooperation in this matter. I look forward to working with you actively on matters of concern to older Americans.

Sincerely,

THOMAS J. DOWNEY
Chairman

Enclosure

TJD/jo

Further, Section 111 requires the Secretary to provide recommendations to the Congress with respect to the need for administrative action and legislation relating to satisfying the demand for supportive services provided at senior centers and other sites established under Title III of the Older Americans Act. Since the Older Americans Act is scheduled to be amended in 1991, the Administration on Aging does not recommend any legislative changes at this time. However, we have included in the Executive Overview recommendations for administration actions.

In fulfilling the requirements of Section 111 of the Older Americans Act, I have prepared the necessary report to the Congress. Also attached are draft letters transmitting the report from the Secretary to the Special Committee on Aging of the Senate; the Select Committee on Aging of the House of Representatives; the Committee on Labor and Human Resources of the Senate; and the Committee on Education and Labor of the House of Representatives.

RECOMMENDATION

I recommend that you sign the attached letters transmitting the report to the Congress.

DECISION

Approved: _____ Disapproved: _____ Date: _____

Joyce T. Berry

Joyce T. Berry, Ph.D.

Attachments

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable Edward R. Roybal
Chairman, Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

This report, which is required by Section 111 of the Older Americans Act Amendments of 1987, includes an overview which discusses the rationale and methods used by the States to conduct the evaluations. Also contained in this report is a compilation of summaries of each State's evaluation of the unmet need for supportive services, nutrition services and multipurpose senior centers.

Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

REPORT TO CONGRESS

ON THE

NATIONAL UNMET NEEDS FOR SUPPORTIVE SERVICES, NUTRITION SERVICES, AND MULTIPURPOSE SENIOR CENTERS UNDER TITLE III OF THE OLDER AMERICANS ACT

ADMINISTRATION ON AGING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable Matthew J. Rinaldo
House of Representatives
Washington, D.C. 20515

Dear Mr. Rinaldo:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable Augustus F. Hawkins
Chairman, Committee on Education
and Labor
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable William F. Goodling
House of Representatives
Washington, D.C. 20515

Dear Mr. Goodling:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable Edward M. Kennedy
Chairman, Committee on Labor
and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable John Heinz
United States Senate
Washington, D.C. 20510

Dear Senator Heinz:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable Orrin Hatch
United States Senate
Washington, D.C. 20510

Dear Senator Hatch:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 5 1990

The Honorable David H. Pryor
Chairman, Special Committee on Aging
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

I am pleased to transmit the Report to Congress on the National Unmet Needs for Supportive Services, Nutrition Services and Multipurpose Senior Centers as required by Section 111 of the 1987 Amendments to the Older Americans Act. This report, which was prepared by the Administration on Aging, contains the most current information available concerning the evaluations conducted by the States of the unmet need for supportive services, nutrition services and multipurpose senior centers.

This report, which is required by Section 111 of the Older Americans Act Amendments of 1987, includes an overview which discusses the rationale and methods used by the States to conduct the evaluations. Also contained in this report is a compilation of summaries of each State's evaluation of the unmet need for supportive services, nutrition services and multipurpose senior centers.

Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

REPORT TO CONGRESS

ON THE

NATIONAL UNMET NEEDS FOR SUPPORTIVE SERVICES, NUTRITION SERVICES, AND MULTIPURPOSE SENIOR CENTERS UNDER TITLE III OF THE OLDER AMERICANS ACT

ADMINISTRATION ON AGING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING
UNMET NEEDS OVERVIEW TO CONGRESS

INTRODUCTION

Section 307(a)(3)(A) of the Older Americans Act requires States to evaluate the need for supportive services, nutrition services, and multipurpose senior centers. Section 111 of the 1987 Amendments to the Act requires the Commissioner on Aging to collect this information from each State and provide a summary report to the Congress.

The methodologies used by the States to obtain the data for their evaluations of unmet needs included: surveys of area agencies; analysis of area plans; forecasting; review of past service performance reports; telephone surveys; and other methods. As a result of the different methodologies used, the reports prepared by the States were developed in differing formats that do not permit a national summary of the data. However, an Executive Summary of each State report is provided to identify the areas which the States noted as being of greatest concern. While a comprehensive analysis of such differing evaluations is therefore not possible, the Administration on Aging has reviewed each of the reports with the intention of identifying significant common concerns which were noted by a number of the States. A discussion of some of those concerns is given below.

We considered the option of developing a frequency distribution or content analysis of the various services mentioned by the States but discarded the idea for the following reasons. First, States did not use a defined list of services or set of established service definitions in conducting their evaluations. Therefore, a term such as "in-home services", for example, is used with different meanings in the various reports. Second, the State reports mention the unmet need for specific types of services with various degrees of emphasis and in differing contexts, both of which factors preclude meaningful aggregation of informaton. Third, to cite the frequency with which particular services are mentioned, we believe, would encourage a tendency to oversimplification and generalization at the national level that is unwarrented. As an alternative, we have extrapolated a number of statements from the State reports which, in our judgment, are typical of the evaluations.

SUPPORTIVE SERVICES

For the most part, States discussed the level of unmet needs for supportive services in broadly stated terms. Only a few attempted to assign an order of priority among the various

types of services which are needed. Listed below are examples of statements drawn from the individual State reports.

- o Outreach, information, and community education are the most needed. They are followed by the full range of in-home services, then transportation.

- o Lack of access to basic and senior specific services is a major problem.

- o The study found that there was a greater need for supportive services than for nutrition services.

- o Senior needs discussed most frequently included transportation, information, financial counseling, and respite.

- o The major percentage of underserved clients seeking supportive services, as noted in the survey, included chore (50%), homemaker (43%), personal care (33%), transportation (29%).

- o Adult day care programs are currenty serving less than one percent of the estimated elderly population in need of this service. In-home services is another area in which the State's elderly population is being underserved.

- o Our greatest unmet need is for community based in-home services. We currently have no adult day care and virtually no in-home respite care. The other major areas of unmet needs are a lack of public and specialized transportation services and a lack of senior centers.

- o The major unmet needs for supportive services are case management, information and referral, legal assistance, transportation, and ombudsman.

- o The most important unmet needs include transportation, in-home services, legal services.

- o The greatest need for supportive services include elderly and handicapped transportation, in-home services and housekeeping/handyman services.

- o In-home services were the main type of services identified as being unmet.

- o The need for Chore services surpasses that of any other in-home services.

- The assessment revealed the top priority to be transportation. Also identified was a major need for in-home services.

- The greatest need is for the increased availability and affordability of in-home services, including chore/housekeeping, personal care and home repair. There is also a need for additional respite and adult care services. Finally, the rural nature of the State mandates an ever increasing need for transportation services.

NUTRITION

Although most State reports provided separate discussions of nutrition service needs, a few combined the discussion of unmet needs for nutrition with other types of unmet needs for supportive services. The following are indicative of the types of observations made by the States that included a separate treatment of unmet needs for nutrition services.

- Nutrition services need to be expanded by 83% - predominantly through congregate meals.

- Congregate and home-delivered meals are not available in many communities.

- There was a reported unmet need for 22,025 clients to be served a total of 2,244,862 additional congregate meals. A similar degree of unmet need was expressed for home-delivered meals.

- The following are the major unmet needs related to nutrition:
  - meals prepared for special diets, i.e. low salt, diabetic, etc.
  - meals seven days a week and multiple meals per day.
  - meals for seniors residing in rural areas not served by either a congregate meal site or a home-delivered meals provider.
  - meals for seniors recently discharged from the hospital.

- In order to meet nutritional needs in the future, congregate and home-delivered meals need to be expanded into areas of greatest social and economic need and the number of congregate and home-delivered meals served need to be increased especially among the frail and minority population.

- Our surveys indicate a growing need for home-delivered meals to the frail elderly.

- Nutrition: Unmet needs in this area include insufficient meals, need for effective targeting to those who are in greatest need, weekend and evening meals for the homebound and expanding the frozen meals program.

- Congregate meals program has been stable...for the last few years, but may increase as much as 5% next year. The home-delivered meals program has grown at about 9% a year for the last 5 years.

- The unmet needs in nutrition services are congregate and home-delivered meals with the main focus on home-delivered meals.

- Those areas of unmet needs that we have identified (in the area of) nutrition are as follows:
  - increased home-delivered meals, especially in townships without senior centers, and those areas with heavy concentrations of the frail elderly.

- There are easily one hundred communities statewide that need a congregate meal site. This would represent a 40% increase or 1.24 million meals for an additional 16,000 older persons. There are waiting lists across the State to receive home-delivered meals.

- The area of unmet need relating to nutrition is for meals for the State's homebound elderly. Funds are needed to increase the number of meals for current participants and to be able to serve the ever-increasing number of frail elderly.

MULTIPURPOSE SENIOR CENTERS

The following statements have been drawn from the discussion of unmet needs for senior centers which appeared in indivdual State reports.

- 3,650 individuals are in need of multipurpose senior center services.

- With a 40% survey response to the questions on the need for senior centers, 76.6% indicated a need for acquisition or construction of a senior center with 17.3% of those being a new site. Twenty-three percent indicated a need for renovation of an existing site.

- Only 25% of our senior centers are multipurpose and only 20% are open five days a week or more.

- The following are the major needs related to multipurpose senior centers that are not being met:
  - The need to pay for the day to day operating costs of the senior centers, i.e., utilities, rent/mortgage, staff, supplies, etc.
  - The need to pay for the maintenance of the building, i.e. roof, heating/air conditioning, weatherization, etc.
  - The need to acquire, construct, or renovate buildings to serve as new multipurpose senior centers.

- Multipurpose Senior Centers: The needs identified in this area were: expanding treatment services for elderly alcohol abusers.

- Expansion of multipurpose senior centers into unserved or underserved areas.

- Multipurpose senior centers need:
  - Operating funds for transportation;
  - Capital funds for vehicle replacement of existing vehicles;
  - More vehicles (or find out effective transportation alternatives);
  - Need for Statewide association to define standards; promote mutual goals, serve as a resource clearing house;
  - More public education about role and mission of senior centers, as well as services available;
  - Increased recognition and confirmation of senior centers role within the elder services network.

- Multipurpose senior centers provide a point of entry for both well and frail seniors into the community's service-delivery system. Such an entry point is imperative for seniors who will most probably require more supportive services as they age. Therefore, there is a continued need for senior centers.

- By the end of 1989 there will be 126 senior centers in 87 of the 100 counties. Approximately 26,000 older adults will participate in activities provided at the 34 senior centers which receive senior center operations funding through Title III. The most critical need for senior centers is additional operations funding.

- o Senior center operations ranked number four in unmet needs across the State. This refers to the services offered in the senior centers and not the need for new centers. However, the Minority Elderly Task Force has identified the shortage of centers in ethnic neighborhoods as a barrier in outreaching low-income minority elderly.

- o The two main areas of need in this category are for funds for maintenance of current multipurpose senior centers and to make existing facilities more accessible.

CONCLUSION

The individual summary reports of State Agencies on Aging present widely divergent perceptions both as to the nature and extent of unmet needs for services to older persons. This diversity is understandable in light of the facts noted elsewhere that the reports each were prepared using differing sets of data and utilizing a number of different methodologies for data analysis. For example, in some instances States focused their reports largely, or exclusively, upon Title III of the Older Americans Act, as amended, and addressed the questions of current levels of services and needs for added services from that limited perspective. In other instances, States included consideration both of the level and types of services which currently are provided to older persons from a broad variety of both public and private resources, for example, Medicaid, Social Services Block Grant, State appropriations, and various private funding sources. From this perspective they arrived at judgments as to the level of unmet needs. Even in this latter instance, however, there was no uniformity as to which types of public and private resources were included, and hence there exists no comparability between or among the individual State reports.

Because of the many limitations inherent in the individual reports, it is not possible to arrive at any supportable conclusions either as to the actual level of services provided from all sources to older persons or as to the existing level of unmet needs for services in the individual States or nationally. We suggest that, rather than focus solely upon the subject of measuring unmet needs with all of the difficulties associated with such measurement, it is useful to focus upon what is being done to meet those needs. The Older Americans Act, as amended, provides just one example of a significant response to the needs of older persons. Within the last fiscal year for which data are currently available under the Older Americans Act Title III program (FY 1988), a total of 147,226,046 congregate meals were served in senior centers and other group settings.

During that same period, 94,658,561 home-delivered meals were served to homebound older persons. In addition, over 8 million persons received some form of supportive services, other than nutrition, under the Older Americans Act programs.

The unmet needs reports submited by the individual States dealt with so many and diverse aspects of service needs that no generally agreed upon areas were identified upon which to formulate specific legislative proposals. Therefore, no legislative recommendations can be made on the basis of the report findings. However, the Department has directed the Administration on Aging to provide technical assistance to State and Area Agencies on Aging to achieve administrative improvements in the delivery of services within each State. Each State and Area Agency on Aging will be encouraged to: 1) review the manner in which Title III funds, and other resources available to the State and Area Agencies on Aging, are targetted toward the areas of unmet needs which have been identified in the State; 2) promote program efficiency to increase the units of services which can be provided with currently available resources; 3) seek to increase the level of voluntary contributions received for services in order to generate added program income that can be directed to areas of unmet needs; and 4) untake initiatives which generate added resources for services, for example, through enhanced partnerships between the public and private sectors.

ALABAMA

A Statewide survey of older Alabamians was performed. From the published data, some inferences are available concerning the unmet needs of older Alabamians. This report is a brief summary of the data directly related to the targeted areas of services under Title III of the Older Americans Act. Those major areas are supportive services, nutrition services and multipurpose senior centers.

The survey data assessed the conditions of older Alabamians, from which "needs" could be assessed objectively. The survey also explored current utilization of resource options employed by those older Alabamians in need. The difference after all those resources had been applied represents the unmet needs of older Alabamians. This assumes present service utilizations are satisfactory and would not require replacement at public expense.

Simply stated, multipurpose senior centers need to be extended to about 120%, as many older Alabamians currently avail themselves of the benefits and services of such centers. Nutrition services need to be expanded by 83% - predominately through congregate meals. Supportive services represent by far the greatest needs. Outreach, information and community education are the most needed. They are followed by the full range of in-home services, then transportation. Significant needs are also identified for crime prevention, housing, mental health services, and community-based health services. Many of these services are far too costly for the current authorizations of the Older American Act. If the authorizations, and the appropriations are increased to enable these needed expansions, there will be a concomitant need for additional administrative expenditures at the area agency on aging and the State Agency on Aging level in order to carry out the expanded coordination and development responsibilities.

ALASKA

Although Alaska has only 30,000 residents 60 years of age or older, that population group has grown by 55% in just six years.

Alaska's large geographic area, low population density, and generally high cost of doing business, make delivering senior services in Alaska more expensive than delivery of comparable services in other places.

Lack of access to basic and senior specific services is a major problem for seniors in Alaska. Many communities in the remote "bush" have no road access to hospitals, doctors, pharmacies, clothing stores, grocery stores or fuel oil distribution centers. These communities rely on summer barge deliveries (if they are located on a river) and small planes.

Larger "rural" communities lack access to senior specific services such as case management, respite care, adult day care, residential care facilities and nursing homes, due to nonavailability of these services in local communities.

As more services become available in local communities, the demand for escort and shopping assistance will increase. While all senior centers within Alaska attempt to provide Information and Referral, only one community has a full time person to provide this service, and many communities do not have a senior center at all.

Congregate and home delivered meals are not available in many Alaskan communities. In a high proportion of smaller communities, the senior meal services are only available during the school year, because the school is the only "public" kitchen. There is only one community in the state which provides home delivered meals seven days a week, although there is a growing need for that level of service in many communities. Based on the service levels recommended in our current state plan, the unmet need for congregate meals is 224,640 meals per year and the unmet need for home delivered meals is at least 64,400 meals per year. (If home delivered meals were available at least 5 days a week, we would anticipate a significant increase in the unmet demand for this service.)

Transportation to senior meal sites and to other necessary services falls short of need by approximately 128,288 rides per year. There is currently a pressing need for 12 wheelchair-lift equipped vans, per year, to replace aging vehicles.

Case management is only available in three communities in Alaska and is needed in many others. The availability of Adult Day Care, Respite Care and Home Maintenance/Repair is also very limited.

In summary, Alaska's senior population has many unmet needs and they are increasing with the rapid growth in our senior population.

ARIZONA

The purpose of this report is to present findings relative to the evaluation of need for supportive services, nutrition services, and multifunction senior centers for elderly Arizonans. In accordance with the provisions of the Older Americans Act section 307(a)(3)(A) this report attempts to quantify unmet need for these services.

Arizona conducts no formal assessment of need for the services in question. This report, rather, relies upon a variety of methodologies to attempt to estimate service need. These techniques include adaptation of existing forecast reports, anecdotal and generalized information from Area Agency Plans and service providers, and other methods. The results of these techniques are here summarized:

HOME HEALTH AID	Unmet need of 21,620 (87% of total need)
NURSING SERVICE	Unmet need of 11,629 (86% of total need)
HOUSEKEEPER	Unmet need of 47,695 (84% of the total need)
TRANSPORTATION	Unmet need of 25,923 (56% of the total need)
OUTREACH	Unmet need of 48,367 (99% of the total need)
LEGAL ASSISTANCE	Unmet need of 4,191 (78% of total need)
RESIDENTIAL REPAIR	Unmet need of 29,041 (99% of total need)
ADULT DAY CARE	Unmet need of 21,576 (98% of total need)
CASE MANAGEMENT	Unmet need of 78,781 (82% of total need)
HOME DELIVERED MEALS	Unmet need of 34,626 (79% of total need)
CONGREGATE MEALS	Unmet need of 57,818 (56% of total need)
SENIOR CENTERS	Unmet need of 80 sites (76% of total need)

ARKANSAS

	UNMET NEED in the 60+ Population: 1990	
	Percent	Number
Supportive Services		
Legal	2.90%	13,815
Transportation	3.04%	14,486
In-Home		
Respite	0.62%	2,933
Home Health	0.83%	3,974
Personal Care		
one or more ADLs	5.98%	28,481
two or more ADLs	1.03%	4,920
three or more ADLs	0.34%	1,609
Home Maker		
one or more IADLs	11.67%	55,637
two or more IADLs	4.05%	19,303
three or more IADLs	1.15%	5,488
Chore	5.90%	28,102
Home Repair/Maintenance/Modification	18.22%	65,144
Nutrition Services (Noon Meals)		
Senior Centers	1.25%	5,961
Home Delivered	1.29%	6,150
Multipurpose Senior Centers		
Case Management	4.47%	21,190
Counseling	1.31%	6,245
Caregiver Support Groups	0.34%	1,609
Employment Training	0.56%	2,649
Health Related Programs	1.07%	5,109
Day Care	0.42%	1,987

Sources:

The Arkansas Longitudinal Study on Health and Aging, 1986-database, conducted by the Southwest Long Term Care Gerontology Center, the University of Texas, Health Science Center at Dallas.

Provisional Projections of the Population of Arkansas Counties, by Age, Sex, and Color: 1980-2000, Demographic Research Division, Center for Research and Public Policy, University of Arkansas at Little Rock, August, 1986.

CALIFORNIA

This report summarizes the results of a study of the unmet needs of seniors in California, which was conducted by CDA, as required under the Older Americans Act and its implementing regulations.

The study assessed the unmet needs of four target groups: a) total population age 60 and older, b) low income population age 60 and older: minority and non minority, c) low income population age 60 and older with functional impairments: minority and non minority, d) adults in long term care facilities.

Any person from the targeted group who was "unserved" by a Title III program was counted as a person with unmet need for the service. Operationally, the term "unserved" was defined as the number of persons in the target group minus the number of persons actually receiving Title III services.

The study found that there was a greater unmet need for supportive services than for nutrition services. The median percentage of unmet need of the targeted groups for the 13 supportive services programs included in this study was 96.67%. In contrast, the median percentage of unmet need of the targeted groups for nutrition services was 80.2%.

A separate analysis of unmet need was presented for the ombudsman program. It was found that 37 percent of the total 188,403 residents of California long term care institutions were "unserved" by the long term care ombudsman program. "Unserved," in the context of the ombudsman program, means that the ombudsman had not established a regular presence in the facility where the person resided; although 2,720 facilities did not have a regularly assigned Ombudsman, all complaints received were investigated.

In summary, due to the sheer number of California seniors and the lack of consistent data collection methods and resources required to define and evaluate such information, the closest indicator that we have to statistically validate "unmet need" is the number of persons within "target groups" that are "unserved." The findings reflect that, although the total number of California's seniors served through Title III programs appears relatively low, certain critical services (e.g., In-Home Services, Home Delivered Meals, Congregate Nutrition, Long Term Care Ombudsman, and

Information and Referral) are reaching relatively higher numbers of the targeted populations. In almost all individual programs, minority persons are receiving a relatively higher proportion of the services delivered to target groups. Overall, the findings are encouraging with regard to indicating progress toward the Department's prioritized service objectives and in light of recognized constraints as discussed in the Methodology section of this report.

MULTIPURPOSE SENIOR CENTERS

Under the California Senior Center Bond Act of 1984, $50 million was appropriated for senior center acquisition, renovation, construction, equipment and program start-up. $48.5 million in applications were granted; $37.5 million in applications were not funded, mostly for construction of new centers.

COLORADO

Aging and Adult Services of the Colorado Department of Social Services has summarized the findings of three surveys to evaluate the unmet needs of older people within the State of Colorado. Two of the surveys attempted to identify the social service needs of Colorado's elderly as perceived by older individuals and one survey presented unmet needs as perceived by the area agency on aging directors in Colorado.

The specific service categories in which older people have identified needs assistance include transportation, meals on wheels, and assistance with every day chores, including shopping and household chores.

Unmet needs identified by area agency directors were very similar to those identified by older people and include transportation, meals on wheels, in-home services, respite care and dental care.

The findings summarized in this report present more detailed information on the service needs.

CONNECTICUT

This report was prepared in response to the Older Americans Act requirement regarding the evaluation of unmet needs for supportive services, nutrition services and multi-purpose use of senior services among Connecticut elderly.

A discrepancy model of need and a ratio analysis were used as tools of measurement in assessing unmet needs. Elderly individuals who were predisposed to needs, and/or who use Title III services were identified as being in the "at risk" population. The two principal databases used in this evaluation were the Department on Aging's management information system (MIF) and a University of Connecticut Gerontological studies unit survey of 1,000 elderly Connecticut residents.

In evaluating the source of existing data, it was hard to distinguish an unduplicated count of those receiving supportive services from those using nutrition services. Our findings reflect an evaluation of Title III services, including support services. We believe there is an overlap of elderly individuals in need of Title III-B and Title III-C services.

Our findings indicate that 119,154 elderly individuals demonstrate a need for Title III services, including support services; 6,347 elderly individuals are in need of nutrition services; and 3,650 individuals are in need of multi-purpose senior centers services.

DELAWARE

Data on unmet service needs in Delaware were collected through quarterly program reports required of all Title III service contractors and from input given during community forums held throughout the state.

Contractors began reporting on unmet demand for service in January, 1989, therefore, data are available for only one calendar quarter. Annualized estimates are also made for each service. The following table summarizes the data on unmet need (i.e., the number of persons who requested but did not receive service):

Service	Annualized Estimate	1st Quarter (actual)
1. Adult Day Care	20	5
2. Case Management	0	0
3. Hispanic Outreach	0	0
4. Homemaker	312	78
5. Legal Services	0	0
6. Respite	88	22
7. Transportation	444	111
8. Congregate Meals	0	0
9. Home Delivered Meals	0	0
10. Senior Centers	NA	NA

Caution is advised when interpreting these data, given the fact that the data collection system is new, the sample is small, and experience indicates greater unmet demand at the end of a contract period.

More qualitative data were collected during community forums. Service needs discussed most frequently included transportation, information, financial counseling, and respite. Additionally, attendees expressed concern about the present and future availability of meals for older persons, and about the need to expand the role of senior centers.

Data presented in the report should be considered preliminary. The current data collection system will be refined and a data base will be compiled. Also, the Division of Aging plans to tie in with an MIS system now under development. Finally, the Division plans to continue other means, including forums, to gauge service needs.

DISTRICT OF COLUMBIA

The District of Columbia Office on Aging (DCOA), in response to the mandates of the Older Americans Act, continually assesses and attempts to identify unmet needs of its senior citizen population through a variety of ways, including evaluations, quarterly planning meetings and community forums.

The estimates for unmet needs were derived by looking at the total senior population and then subtracting services provided during Fiscal Year 1988. Based upon these figures, we have estimated the unmet need in the requested areas, i.e., nutrition services, supportive services, and multipurpose senior centers.

The figures produced in this report reflect the need to increase efforts in the development of community based options to serve our population through collaborative ventures designed to reach both the "young old" and the "old-old." This office recognizes that this is an evolving process for which there is no ready solution, but must occur over a period of time. Accordingly, we will continue to build upon existing relationships and work in partnership with appropriate agencies to make a profound difference in the lives of those we serve.

In the District of Columbia, there are approximately 109,500 senior citizens (1987 figure). Of this number, approximately 3,500 are in nursing homes and community residence facilities. Additionally, a total of 24,248 senior citizens were served through Office on Aging programs in 1988 (unduplicated count). Over 20,000 were below the poverty level, (which represents 84% of persons served). Based on these figures, there remains a large segment of the population (89,500) who may be in need of services in some form. Specifically, 54,839, 64,855, and 76,733 persons represent the unmet need in supportive services, senior centers and nutrition services, respectively.

FLORIDA

The Department of Health and Rehabilitative Services Aging and Adult Services Program Office conducted an assessment of unmet service needs through contract with the Southeast Florida Center on Aging of Florida International University.

One hundred and fifteen OAA service providers and eleven AAAs were mailed pre-tested questionnaires. All AAA Executive Directors or designees were interviewed and 65% of 11 service providers responded. Providers and AAAs were asked to indicate level of need on a scale of 1 to 5 and to answer open questions concerning their own needs assessment process.

Major findings of the survey of underserved or unmet needs include the following:

Supportive Services:

- Approximately 4% of the 60+ and 13% of the 60+ below poverty level population in Florida are currently receiving supportive services.

- The major percentage of underserved clients seeking supportive services as noted in the survey, included chore (50%), homemaker (43%), personal care (33%), transportation (29%), and home delivered meals (17%).

- The major additional unmet client needs were ranked as information, emergency alert response, transportation, case management, referral, homemaker, chore, housing improvement, health support and congregate meals.

- Seventy percent of the respondents indicated ten percent or more of older Floridians' homes are in need of major repair for life-threatening problems, i.e., sagging floors or dangerous wiring. In addition, a minimum of 20% are in need of home modification, such as ramps and railings, due to the increasing frailty of their owners.

- Forty-three percent of providers indicated up to twenty percent of older persons are extremely isolated due to physical frailty, caregiving responsibilities and fear of crime.

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Nutrition Services

- Approximately 4% of the 60+ eligible population and 8% of the 60+ BPL eligible population in Florida are receiving nutrition services.

- There was a reported unmet need for 22,025 clients to be served a total of 2,244,862 additional congregate meals. A similar degree of unmet need was expressed for home delivered meals.

Senior Centers

- With a 40% survey response to the questions on the need for senior centers, 76.6% indicated a need for acquisition or construction of a senior center with 17.3% of those being a new site. Twenty-three percent indicated a need for renovation of an existing site.

GEORGIA

The purpose of this report is to present to the Administration on Aging the results of the Office of Aging's ongoing evaluation of the unmet need for services among the elderly in Georgia.

This report focuses on the three categories of services specified by the Administration on Aging for this report: supportive services, nutrition services and multipurpose senior centers. The evaluation of unmet needs for services is part of the needs assessment that is developed and published bi-annually in the Office's State Plan on Aging.

This process is a means by which the office identified problems specific to our elderly population and their programs and helps to establish program and operational priorities. The systematic gathering and analysis of data and information related to our target population is an integral part, and the basis of the office's planning activity.

Through this activity the Office is then able to develop the services and service delivery systems necessary to carry out specific programs. It also provides the Office with a means of identifying issues that are of particular importance to the elderly population within the State.

The assessment of need for services initially identifies the population that is being targeted for each program. The targeted population is determined by a series of program-specific formulas and data which were developed for the purpose of developing estimates of unmet need for services. From that estimate of the population in need of a service, the number that will be served through the Office of Aging is then substracted. The difference between the population in need and the number being served by programs through the Office of Aging, is the unmet need for services within the State.

Office of Aging assessments have identified several major areas of unmet need. Adult day care programs are currently serving less than one percent of the estimated elderly population in need of this service. In home services is another area in which the State's elderly population is being underserved. The large growth in the older segments of the elderly population is an indication that the need of these types of services will not lessen for some time to come.

HAWAII

An evaluation of unmet needs for supportive services, nutrition services, and multipurpose senior centers indicates that in the State of Hawaii, there is comprehensive coverage of programs and/or services for the elderly population. At the same time, it shows that there are unmet needs for serving more elders. This is due mainly to an anticipated rapid growth of the older adult age group in the State.

In this study, "unmet need" is defined as the number of elderly persons who currently desire the service but are not being served. For this report, data for numbers served were obtained primarily from service provider reports and contracts.

Unmet needs were recorded for all program/service areas as indicated below:

UNMET NEED FOR SUPPORTIVE SERVICES

Adult Education	7,925
Transportation	1,430
Health Promotion	968
Discount/ID Card Issuance	360
Information and Referral	5,103
Outreach	8,471
Housing	266
Housing Assistance	90
Residential Renovation	35
Case Management	962
Chore Services	358
Day Health Care	16
Professional Counseling	302
Escort	531
Recreation/Leisure	606
Friendly Visiting	906
Home Health Services	25
Personal Assistance	542
Senior Companion	887
Shopping Assistance	121

Telephone Reassurance	369
Guardianship	23
Legal Assistance	425
Health Activities	16
Health Maintenance	3,917
Retirement Planning	12,800
Complaint Resolution	48
Adult Day Care	204
Alzheimer Day Care	130
Employment	450
Elder Abuse Prevention (unreported cases)	3,627
Alzheimer Support Services (caregivers)	425
Employed Caregiver Support	3,927
Hospice	110
Energy Credit	515
Long Term Care Access	1,892
Respite	237
Volunteer Opportunities	1,206
Volunteer Services	5

UNMET NEED FOR NUTRITION SERVICES

Congregate Meals	442
Home Delivered Meals	305

UNMET NEED FOR MULTIPURPOSE SENIOR CENTERS

Multipurpose Senior Centers/unmet need for 2,591 elders

IDAHO

Idaho's population over the age of sixty numbers approximately 150,000 (about 15% of our total population). Current estimates show that we serve about one-third of this population with supportive services, nutrition services, and multi-purpose senior centers.

Our greatest unmet need is for community based in-home services. We currently have no adult day care and virtually no in-home respite care. Chore service is available on a limited basis in only a few areas of the state. Idaho's homemaker program serves only 2.6% of our population age 60 and older while we estimate that 27% are in need. These 2.6% receive only an average of one hour of service per week.

The other major areas of unmet need are lack of public transportation and very limited specialized senior transportation services and lack of multi-purpose senior centers. Only 25% of our senior centers are multi-purpose and only 20% are open five days a week or more.

ILLINOIS

SUPPORTIVE SERVICES

The major unmet needs for supportive services are for Case Management, Information & Referral, Legal Assistance, Transportation, and Ombudsman.

NUTRITION SERVICES

The following are the major unmet needs related to nutrition that are not being met:

A. Meals prepared for special diets, i.e. low salt, diabetic, etc.

B. Meals seven days a week and multiple meals per day.

C. Meals for seniors residing in rural areas are not served by either a Congregate Meal site or a Home Delivered Meals Provider.

D. Meal for seniors recently discharged from the hospital.

MULTIPURPOSE SENIOR CENTERS

The following are the major unmet needs related to multipurpose senior centers that are not being met:

A. The need to pay for the day to day operating costs of the senior centers, i.e. utilities, rent/mortgage, staff, supplies, etc.

B. The need to pay for the maintenance of the building, i.e. roof, heating/air conditioning, weatherization, etc.

C. The need to acquire, construct, or renovate buildings to serve as new multipurpose senior centers.

INDIANA

The purpose of this report is to provide information on the unmet needs of older people within the state of Indiana. It is in compliance with the Older Americans Act Amendments of 1987, Section 307(a)(3)(a).

The report acknowledges the variety of unmet needs of older Hoosiers but has highlighted the most important ones throughout Indiana including transportation, in-home services, legal services, nutrition and senior centers.

Information for the report was obtained from the Indiana State Board of Health's Continuum of Care in Indiana, A Report of the Task Force on the Mental Health Needs of Older Hoosiers commissioned by the Indiana Federation of Older Hoosiers, The National Survey of Attendant Services Programs in the United States by the World Institute on Disability, a report on the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) pilot program in Indiana, Area Agency on Aging plans, quarterly reports, and interviews with professionals in the field.

The lack of adequate transportation services throughout Indiana, particularly in the rural areas, continues to be a major unmet and increasing need for older Hoosiers. The increasing demand for in-home services, particularly home health aides and homemakers, continue to exceed the amount of service that is currently available. Legal services for older Hoosiers continue to rank low in priority throughout Indiana. As the result of the low priority, Indiana is considering raising the minimum percentage of funding expended from the current 1 percent minimum. The mental health needs of older Hoosiers have been given little or no consideration within Indiana. Statistics indicate a large unmet need that currently exists in this area.

Nutrition services have increasingly been providing meals to larger numbers of older, more frail individuals. These meals are becoming more expensive to prepare and deliver while there is no increase in funding. In addition, the current emphasis on frail elderly people continues to detract from the preventive emphasis that exists within many senior centers.

With estimates projecting Indiana's older population increasing by 10 percent by 1990, many of the current unmet needs will continue to increase.

IOWA

The Iowa Department of Elder Affairs has carefully considered demographic trends, area agency on aging needs assessment and issues from the Older Iowans' Legislature and the Commission for the Department of Elder Affairs to identify unmet needs of the elderly within the state. For purposes of this report the term unmet need means either that: a service is not available; a service is not equally accessible by all citizens; a service is denied to some individuals because of a lack of coordination; the availability of a service is limited because of high cost; or, there is a difference in the quality of services delivered to clients.

These criteria are consistent with the quality and continuity tests which are implied in "unmet need" and "gaps in services." Utilizing the above criteria it was determined that there was an unmet need in Iowa for nutrition services and multi-purpose senior centers. It was also concluded that the supportive services which have an unmet need in Iowa are long-term health care, income maintenance, housing, transportation and education, training and advocacy. Areas of unmet need within these categories are supported by data and are viewed by public decision makers and advocates as important to elders.

In order to meet nutritional needs in the future, congregate and home-delivered meals need to be expanded into areas of greatest social and economic need and the number of congregate and home-delivered meals served need to be increased especially among the frail and minority population. Each county will need to have its own multi-purpose senior center serving as a focal point from which congregate meals be served, information disseminated, health screening conducted, educational opportunities offered, social and recreational activities planned and transportation services based. Efforts will need to be made to eliminate legislative and administrative barriers to the coordination of long-term health services of the frail elderly. More retraining opportunities, as well as specialized training and supportive services, will need to be provided to older persons through partnerships between the public and private sectors. Federal, state, and local officials will need to take a greater role in the planning, coordinating of efforts to address the housing needs of Iowa's elders. A comprehensive study needs to be conducted to determine the current availability of transportation services from all sources and the coordination of these services. The Department of Elder Affairs will continue to promote and provide staff support for self-advocacy programs such as the Older Iowan's Legislature, Governor's Conference on Aging, and the Governor's Conference on Alzheimer's Disease & Related Disorders to provide education and training and recommend solutions to elder issues. By accomplishing the aforementioned many of the unmet needs of Iowa's elderly will be met.

KANSAS

The conclusions concerning the unmet needs for supportive services, nutrition services and multi-purpose senior centers in the State of Kansas are based on a needs assessment questionnaire sent the aging network throughout the State, a questionnaire circulated at the 1989 Governor's Conference on Aging held May 17, 18 and 19, 1989, and the assessment of need contained in each of the State's eleven area plans. Although our conclusions are not based on statistically valid data, we believe they reasonably reflect the unmet needs for these categories of services.

The greatest need for supportive services include elderly and handicapped transportation, in-home services and housekeeping/handyman services. The need for these services continues to grow with an increased number of elderly Kansans attempting to remain in their homes.

Our surveys indicate a growing need for home-delivered meals to the frail elderly. The majority of the frail elderly live alone and are age 75 or older.

Little data is available on the unmet need for multi-purpose senior centers. Kansas has nearly 400 such centers. Those who commented on senior centers identified a need for centers in sparsely populated rural areas of the State, where such centers either do not exist or do not provide desired services.

LOUISIANA

The Governor's Office of Elderly Affairs has identified lack of information as the primary reason the vast majority of older Louisianians do not participate in aging services programs. Although significant unmet need exists throughout Louisiana, less than twenty (20) percent of those eligible are being served.

Two-thirds of the respondents in a recent needs assessment conducted for the Office by Phoenox Systems, Inc. could not name an agency or organization they could call for help.

Lower income persons (those most in need) were less likely to be able to name an agency than higher income levels. Yet the need for services is significantly higher for this group. This clearly indicates additional emphasis needs to be placed on educating the older population of Louisiana, particularly the lower income groups, of the available agencies and services or programs.

Eighty-nine (89) percent of the people indicated that one central (toll-free) number people could call for information should be available.

Only eight (8) percent of the people surveyed believe they have been contacted in the last year by a provider.

Twenty-four (24) percent of the respondents have volunteered to work with a non-profit organization. Of those who have not volunteered, twenty-seven (27) percent would if asked. While a significant number do volunteer work, another twenty (20) percent could be added to the number of volunteers if someone asked them.

Less than half (45%) of the respondents have a will. The absence of a will would indicate a need for legal services. Also, as with other services, information needs to be disseminated to the lower income households, on the availability of legal assistance.

The services reported as most needed by the majority of respondents were Price Discounts (45%), Assessment/Screening (36.4%), and Chore Services (35%).

GOEA will engage in a statewide public awareness campaign and intensify its efforts to promote Outreach, Information and Referral and Advocacy particularly on behalf of low income minority elderly.

NOTE: For purposes of this report, "unmet needs" are defined as situations where a person has a problem but is unable to find help to resolve the problem.

MAINE

The needs of Maine citizens 60 and over are met by diverse groups. Numerous agencies of State government as well as numerous private non profit and for profit organizations are part of the system which attempts to meet the needs of this expanding population. This report has drawn on existing data from many of those organizations. The data present a picture of the unmet needs for social services, nutrition services, and multi-purpose senior centers.

While numerous services are offered, it is also apparent that the service delivery has significant deficiencies. Some of these deficiencies fall within the direct influence of the Bureau of Maine Elderly and the Aging Network in Maine, and some are beyond the control of this group.

One area in which a glaring gap exists between the level of need and services provided is health education. These services are not available to most older Mainer's with programs designed around their particular health needs rather than those of the younger segment of our population.

Uniform crime reporting which requires keeping records to provide a truer picture of the incidences of crime against the elderly is an area of need, but beyond the scope of the Aging Network.

Unmet needs in other areas have proved to be more concrete. The Bureau of Maine Elderly estimates that 5,100 elderly need house repairs, but cannot afford them while as many as 1,000 may need modification of their home to accommodate disabilities. Between 4,000 and 5,500 elderly may be at risk of institutionalization and need services which would assist them in remaining at home and living out their lives as comfortably as they might. The majority of Maine's older population are likely to have a problem which could be ameliorated through Legal assistance, if it were available to them. Approximately 65% of Maine's older population fails to maintain a regular program of physical activities and 57% of the elderly have never had their blood cholesterol checked. As many as 11,988 elderly have unmet transportation needs and as many as 4,200 residents of long term care facilities may have need for complaint resolutions.

MARYLAND

The State Department of Planning estimates there are currently 725,170 individuals 60+ years of age in Maryland. Further, there are 211,158 individuals 75 years or more. Extrapolations from census data estimate 17% of Maryland's elderly population have incomes 125% or less of the poverty guidelines.

The following sources were used to formulate the unmet needs report:

- o AAA program performance data
- o Selected AAA assessment studies in three metropolitan counties
- o Forecasts of Older Consumers Use of Service developed by NASUA/SAVANT
- o Geriatric Evaluation Service program as collected by the Statewide Evaluation/Planning/Services of the Md. Dept. of Health and Mental Hygiene
- o Maryland Longitudinal Study of Health and Aging, 1987 mid-year report. (National Panel Study on Health and Aging)
- o 1984 Longitudinal Study of Aging conducted by the National Center for Health Statistics
- o 1989 Ford Foundation Report on Social Welfare and the American Future

Since there are no consistently unanimous findings related to unmet need for services to the elderly, the resulting statement of Maryland unmet need will offer a range in the number of individual elderly (and the corresponding percentages of the total elderly) not currently being served. Findings show the following:

RANGE OF UNMET NEED AMONG PERSONS 60+

Nutrition Services:	Between 11,603 and 85,211 or between 1.6% and 12% respectively.
Multipurpose Centers:	16 - 63 multipurpose centers in 1989.
Supportive Services:	
In-home	Between 17,227 - 73,967 individuals or between 2.5% and 10.2% respectively.
Legal Assistance:	Between 25,381 - 39,159 individuals or 3.5% and 5.4% respectively.
Transportation:	Between 60,914 - 198,697 individuals or between 8.4% - 27.2% respectively.
Information and Referral	No unmet need for general information; indeterminate amount of unmet need for special populations and special subjects.

MASSACHUSETTS

The SUA conducted a survey of unmet needs in which 15,000 older persons participated. Surveys were conducted at 183 Multi- purpose Senior Centers and 358 senior clubs. Over 300 nursing homes were visited. In addition 3,056 home delivered meal clients, 4,775 congregate meal participants and 2,931 home bond elders were surveyed.

Significant results of the survey are as follows:

- Transportation: This was listed among the highest priority of unmet needs. The expanding older population and limited transportation funding are considered the primary reasons.

- Nutrition: Unmet needs in this area include insufficient meals, need for effective targeting to those whom are in the greatest need, weekend and evening meals for the homebound and expanding the frozen meals program.

- Multi-purpose Senior Centers: The needs identified in this area were: expanding treatment services for elderly alcohol abusers, lack of sufficient chore and maintenance services to impaired elders at home, increased demands for financial management consultation services.

- Supervision by Health Benefit Counselors: minority popula- tions continue to be underserved. Strategies are needed to effectively reach them.

- Social Day Programming: As the older population increase the need for Social Day Programs expand this is a need that must be addressed through elder care in Massachusetts and other approaches.

- Nursing and Rest Home Residents: These residents identify unmet needs in the staffing of long term care facilities; nursing homes and rest homes continue to experience severe staffing shortages in nurses, nurses aid and physicians. Residents of these facilities experience long periods of time waiting to receive needed personal attention.

- Access to Nursing Home: There is an unmet need for available beds, particularly those that are Medicare certified. In any given day there are 1,500 persons waiting to be admitted to nursing homes in Massachusetts.

Page 2 - Massachusetts

- Legal Needs: A recent report by the Massachusetts legal assistance corporation on the unmet needs of low income persons identified a substantial need for legal services, outreach and community education. The special problems identified include: consumer fraud, obtaining conservators and guardians, and access to legal services.

- Housing: The survey identified financial assistance to older persons for making necessary home repairs as a major unmet need.

MICHIGAN

Under the sponsorship of the Michigan Office of Services to the Aging, a statewide telephone survey of non-institutionalized Michigan adults 60 years and older was conducted between June and September 1985. In total, 1,224 older Michigan citizens were interviewed. The interviews, which averaged 47 minutes, included a wide range of questions about the older population in Michigan. Of particular concern, however, was how this information could be used to make an assessment of the critical needs of the older population in the state. The complete report contains a description and analysis of 704 separate pieces of information about that population. Readers are urged to review the entire document since a summary can only highlight important trends and patterns. Nevertheless, important observations about the older population in Michigan are offered in order to focus attention on the status of the elderly, limited to those questions that address unmet needs in nutrition and supportive services, within the state.

- The most frequently recognized programs for the elderly in Michigan are:
  - Home delivered meals (70.1%); transportation (68.8%); congregate meals (58.6%); education (54.1%); legal assistance (51.9%); emergency energy assistance (51.8%); and health screening (51.0%).
- The most frequently used programs for the elderly in Michigan are:
  - Library (34.5%); health screening (32.8%); education (21.7%); congregate meals (18.6%); crime prevention (18.5%); vision (15.7%); and home health aide (14.8%);
- The most frequently recommended programs for the elderly that should be offered in the community are:
  - Transportation (22.1%); home delivered meals (10.7%); crime prevention (5.4%); telephone reassurance (4.8%); home health aide (4.1%); chore (3.5%); and health screening (3.5%).
- Small percentages of the elderly report receiving services or assistance from the Department of Social Services (8.2%); city programs for seniors (6.1%); church groups (5.1%); and the Department of Public Health (3.6%).

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- When asked about the severity of problems facing them, the elderly were most likely to think that:

  - Poor health (25.7%); money to live on (21.5%); keeping up their homes (17.7%); loneliness (17.3%); crime (14.3%); transportation (11.5%); and stress (10.8%) were the most problemmatic for them.

- Again, spouses, relatives, neighbors, and certain agencies were the most likely to help the elderly with their problems.

- When the elderly have a problem that requires some kind of services, they are most likely to ask relatives (43.4%), friend (32.9%), their doctor (22.3%), or their minister (17.5%) for assistance in finding out about a service.

MINNESOTA

The Minnesota Board on Aging and the Area Agencies on Aging in Minnesota are participating with other non profit organizations to fund a senior needs and resources study. The needs data obtained in this study is objectively gathered and statistically valid. We expect Phase I, statewide summary data to be available in October, 1989. Phase II, needs data valid at the P.S.A. level will be their next four year plans which will begin January, 1991. In addition to the needs and resources of the aging population in general, the MBA has funded a special study on the four major groups of minority elderly in the state. Valid data from this part of the study will be available later this year.

SUPPORT SERVICES

Transportation has for several years been at or near the top of the Minnesota AAA's lists of service needs. In the absence of specific data as to the need, we and the department of Transportation have encouraged community based coordination of planning and funding of transportation. We have also encouraged the use of volunteer drivers (because of the flexibility of low capital cost) to meet the needs of individual older persons. A study of transportation service needs being planned by the DOT for this year will include older persons.

Ombudsman services have been among the fastest growing over the past few years. The state wide availability of nursing home ombudsman services has led to the demand for similar services in acute care settings and for in-home long-term care services. Except for legal services which is funded state wide, most of the other support services are funded by one or more AAAs on a start-up, rather than on a continuing basis. As communities continue to look at their aging service needs, the demand for funds to meet supportive services start-up costs will continue. Nursing home ombudsman services have expanded rapidly over the past few years. This success has been a large factor in creating the demand for ombudsman service for people receiving acute care and long term care in the home.

NUTRITION SERVICES

Congregate meals program has been stable at about 3,500,000 Meals and 95,000 persons served for the last few years. However during 1989 we believe we are beginning to see an increased demand as people living in high rises become more frail and need a meal and other services to help them maintain their independence and to age in place. We estimate that need for congregate meals may increase as much as 5% next year.

The home delivered meals program has grown at about 9% a year for the last 5 years. We serve nearly 1.25 million meals to over 13,700 people in 1989. Part of the expansion cost has been met by transfer from other categories. Continued HDM program expansion in FYs 1990 and 1991 will be partially financed by state funds. We do expect a continued increase in HDM as Minnesota emphasizes independent living services and the moratorium on new nursing home construction continues.

SENIOR CENTERS

The Older Americans Act Funds invested in senior centers has remained relatively constant over the last three or four years. No significant change in capital investment is anticipated. We do, however, see the need to provide training and technical assistance to seniors in the areas of center program development and involvement of the center in activities with other age groups and the rest of the community. Where we have invested in this kind of community development the results have been exceptional in terms of benefits to both the community at large and the senior population.

MISSISSIPPI

The Mississippi unmet needs report is based on extrapolations from a statewide needs assessment, utilizing self-report data as to the intensity of a given need. A formula was utilized which factored the number of people actually interviewed multiplied by the sample ratio. The categories of intensity of need were based on client perception as to whether the need for service is a major and/or very serious problem. District-wide reports were prepared for each Area Agency on Aging (AAA) and is presently being used for planning and updated targeting purposes.

The report noted the following services and number in need as:

Congregate Meals	155,036
Senior Discount Services	96,374
Transportation	67,043
Chore Service	58,662
Information and Referral	46,092
Homemaker	37,712
Home-Delivered Meals	33,712
Telephone Reassurance	29,331
Adult Education	25,141
Tax Assistance	20,951
Adult Day Care, Senior Centers, Counseling, Legal Assistance, Home-Health Aide	16,761
Financial Planning	12,571

In the State Unit's view, the numbers represent a high priority challenge to expand resources wherever possible. To simply and totally rely on OAA funds will not get the job done. Greater administrative and operational efficiencies particularly in the use of program development and project management funds are fertile for judicial initiatives. The State Office is in the process of implementing these initiatives both at the AAA and provider level. An example of one initiative is a paid staff to client ratio requirement being implemented in nutrition sites, senior centers and adult day care centers. Expansion of competitive bidding procedures for service contracts, the acquisition of state funds, and stronger local advocacy efforts are other steps currently being undertaken. Mississippi will also use the unmet needs report for comparative purposes to ascertain whether the numbers are reduced as a means of measuring the impact of the above efforts.

MISSOURI

Unmet need is defined as the lack of service or service delivery below certain minimums.

Cost of the unmet needs based on this definition are as follows:

Supportive services:	
AAA programs:	$ 3,584,283
Alternative services:	4,834,355
Nutrition services:	
Congregate Meals:	$ 7,259,183
Home Delivered meals:	2,636,477
Multipurpose senior centers:	4,900,000
Grand Total:	$23,214,298

Definition of Unmet Need:

The definition of unmet need used in this report assumes that all elderly in the state have similar needs and that delivery of a service at a rate below the state average represents an unmet need.

The state average rate is calculated by determining the total number of unduplicated persons receiving the service and then calculating the percentage this number is of the total number of 60+ persons in the state.

An unmet need occurs when an area within the state provides a service to a percentage of persons which is less than the state percentage of persons receiving the service. For example, the state percentage of persons receiving the service might be 10 percent, while in a specific area only 5 percent are receiving the service. The difference is considered to be "unmet need" and calculations have been made to determine the number of persons that must receive the service in order to equal the state percentage. Similar calculations have been made to estimate the number of units these persons would require.

Unmet need can also be due to persons receiving an average number of units of service which is less than the average number of units of service received by all persons receiving the service. If a particular area of the state provides an average of 15 units of service per person and the state average is 25 units, the difference is considered unmet need.

MONTANA

In-Home services were the main type of Title III services identified as being unmet in Montana by the eleven Area Agencies on Aging. The three major in-home services identified by most of the Area Agencies as being unmet are Homemaker service, Personal Care service and Home Delivered Meals services.

Transportation service, especially medical transportation, is also a major unmet need throughout most of the State. Services are being provided but due to limited funding, services are not provided as often as they could be.

Unmet needs associated with social services in Montana included legal assistance, skilled nursing, respite care, health screening, home chore, information and referral as well as the three major social services listed above - homemaker, personal care and transportation.

The unmet needs in nutrition services are congregate meals and home delivered meals, with the main focus on home delivered meals.

Multipurpose senior centers were also identified as an unmet need by the Area Agencies on Aging in Montana.

In most cases, services are being provided to Montana's elderly but at a lower than desirable level. The problem lies in the amount of service needed verses the amount being provided. In discussions with aging providers, we find that some providers are having difficulty in providing as much service as a client needs because there aren't enough funds available to hire additional staff to provide the service or to pay existing staff time for those currently providing the services.

It is important to note at this time that the State Unit on Aging is in the process of conducting an unmet needs survey in Montana. This 24 page survey instrument is designed to obtain information on Montana's elderly which will be statistically accurate. The survey is being conducted with 400 randomly selected elders across the state. The results of this survey are expected to be finalized and distributed in late July or early August.

As part of our commitment to the elderly in Montana, we are also in the process of coordinating with other agencies to conduct the unmet needs survey with 400 low-income Montanans and 400 on-reservation and off-reservation elders. The results of these surveys are expected to be completed by July of 1990.

NEBRASKA

The Nebraska Department on Aging utilized a variety of sources in responding to PI 89-05 to "evaluate the unmet need for supportive services, nutrition services, and multipurpose senior centers." Information was to be based on the most recent evaluation of unmet needs. Those sources include the most recent Census data, Area Agency on Aging needs assessments, the analysis of program performance reports, and special surveys. While we would have preferred to have conducted a formal statewide needs assessment to identify unmet needs within the State, the cost of such an undertaking is prohibitive at this time. The last statewide needs assessment was conducted in 1978; therefore, the information derived from it is no longer reliable.

Those areas of unmet needs that we have identified as they apply to the areas of transportation, multipurpose senior centers, and nutrition are as follows:

1. Increased home delivered meals, especially in townships without senior centers, and those areas with heavy concentration of the frail elderly.

2. Increased and better-coordinated transportation services available to the elderly, especially those in rural communities. (Nebraska is an overwhelmingly rural State.)

3. Expansion of multipurpose senior centers into unserved or underserved areas.

4. Increases in outreach activities coupled with increased public information efforts to make family and friends more aware of AAA services, since most older persons turn to family and friends for help.

The Nebraska Department on Aging is currently developing a new State Plan and has taken an indepth look at its planning process in order to better respond to some of the issues identified above, as well as addressing other issues. Hopefully, the elderly of Nebraska will be better served as a result of all of our efforts.

NEVADA

The results of two surveys, as well as information contained in existing statewide data, indicate that the unmet service needs of Nevada's seniors are greatest in the areas of nutrition services, transportation, information and referral, and adult day care services. Health care services also ranked high in both surveys. Expansion of the statewide Community Home-Based Initiative Program (CHIP) will assist in meeting some of the priority unmet needs for Nevada's seniors.

NEW HAMPSHIRE

This report highlights the unmet needs demonstrated by New Hampshire's population age 60 and older in three areas: supported services, nutrition, and multi-purpose senior centers. The data contained in this report were taken from year to date agency program records, projections of demographic data for this age group, and estimates of the elderly population with home management deficit. As essential background information, it should be noted that New Hampshire is a single planning and service area State for purpose of the Older Americans Act.

Approximately 189,880 persons age 60 and above live in the State, predominantly in the Southern and Central regions. The National Center for Health Statistics estimates that 19,026 people in New Hampshire age 60 and older need help with home management activities.

New Hampshire funds supported services and Nutrition services for Older Americans Act funds, social services block grant funds, and State appropriations. The Division of Elderly services, which is New Hampshire's Department on Aging, allocated nearly 80% of its operating budget for these services alone. Essential findings of the New Hampshire study include the following:

- Approximately 5,300 elderly residents of New Hampshire may need supported services but are not receiving them from the State Agency on Aging. (It is conceivable that these individuals may be receiving assistance from family, friends, and other agencies).

- Approximately 9,254 individuals could be using congregate nutrition services, but are not receiving them from the State Agency on Aging. (It is conceivable that these individuals may be receiving assistance from family, friends, and other agencies).

- Approximately 12,667 may need home delivered meals, but are not receiving them from the State Agency on Aging. (It is conceivable that they may be receiving assistance from family, friends and other agencies).

Page 2 - New Hampshire

- Multi-purpose senior centers need:
  - Operating funds for transportation;

    Capital funds for vehicle replacement of existing vehicles;
  - More vehicles (or find out effective transportation alternatives);
  - Need for State wide association to define standards; promote mutual goals, serve as a resource clearing house;
  - More public education about role and mission of senior centers, as well as services available;
  - Increased recognition and confirmation of senior centers role within the elder services network.

NEW JERSEY

In 1980, New Jersey's population of persons 65-and-over was over 922,000 persons. This was an increase of over 32 percent since 1970. Population projections for 1990 indicate a continuation of the trend for a population increase in New Jerseyans 65-and-over with the total number of this group reaching 1,035,500 persons. This is an increase of 12.3 percent from 1980.

Significant increases are projected for the 75-and-over population between 1980 and 1990. The number of persons in this age group is expected to increase from 329,833 persons in 1980 to 431,490 persons in 1990 which is an increase of 31 percent from 1980. These statistics indicate that the 75-and-over age group is expected to grow at twice the rate of the 65-and-over population as a whole.

Moreover, the growth of the 85-and-over age group is expected to increase at a rate even higher than the 75-and-over population. The number of persons 85-and-over is projected to increase from 62,231 persons in 1980 to 99,800 persons in 1990, an increase of 38 percent from 1980. Such a projected rate of increase makes this population group the fastest growing age cohort of New Jersey's entire population.

The rapid growth of the entire senior population in New Jersey is placing an increase demand on the existing service delivery system for seniors in the State. Multipurpose senior centers provide a point of entry for both well and frail seniors into the community's service-delivery system. Such an entry point is imperative for seniors who will most probably require more supportive services as they age. Therefore, there is a continued need for multipurpose senior centers in New Jersey.

In regards to specific supportive and nutrition services, statistics indicate that with the growth of the 75-and-over and 85-and-over age groups in New Jersey, many more seniors are projected to be in need of assistance with activities of daily living than are currently receiving such services. As a result, there appears to be an unmet need for supportive in-home services and home-delivered nutrition.

In order to further support conclusions based on statistical data and general population characteristics aggregated for the entire State of New Jersey, 50 percent of the Area Agencies indicated that the most significant change in the demand for services in 1988 was an increased need for supportive in-home services, such as homemaker/home health aides, housekeeping services, respite care and adult day care. Twenty-five percent of the Area Agencies stressed that the most significant increase in demand in their planning and service area in 1988 was for home-delivered nutrition.

The New Jersey State Division on Aging is working to address the unmet needs of seniors in New Jersey on the State level through legislative initiatives and the development of policies for its Area Agencies to promote the targeting of priority populations and their service needs. In order to insure that Area Agencies are addressing the unmet needs of their planning and service areas, the State Division on Aging evaluates Area Agencies on their ability to substantiate funding decisions based on the documentation of needs in their planning and services areas.

NEW MEXICO

The Forecasts of Service Needs for Older Persons (FOCUS) study for New Mexico was used to provide the projections of needs for 1990 by service type. These projected needs were compared to the data of services actually provided for FY 1988. Data on actual services provided was taken from performance reports prepared by each Area Agency on Aging.

The attached Table of Unmet Needs provides an assessment of the unmet supportive and nutrition service needs. The Table presents, by service, the projected needs, the services provided and the resulting unmet needs by persons and percent.

This assessment of unmet needs indicates that there are unmet needs for the following services: personal care, nursing care, physical therapy, continuous supervision, health check, homemaker-household, delivered meals and transportation. Only congregate meals were provided so that all needs were met. Data was collected only for the services presented in the Table. In order to present additional services a formal needs survey must be completed. The assessment also indicates that there is an unmet need for multipurpose senior centers.

This report of unmet needs for the state of New Mexico was accomplished by relying on a forecast of projected needs. As the report was not compiled using a thorough needs assessment process the data is incomplete.

State of New Mexico
Unmet Needs
1989

Services	Need Projections FOCUS				Currently Served				Unmet Needs	
	Little Impaired	Moderate Impaired	Severe Impaired	Total	SAoA Served	Medicaid Waiver	HSD	Total	Number of Persons	Percent
Personal Care	6,463	9,370	9,022	24,855	423	1,345	206	1,979	22,876	92.04%
Nursing Care	5,953	7,480	7,400	20,833					20,833	100.00%
Physical Therapy	7,854	6,715	4,366	18,936					18,936	100.00%
Continuous Supervision	5,783	7,078	8,519	21,380	285			285	21,095	98.67%
Health Check	69,054	22,722	9,078	100,854	10,655			10,655	90,199	89.44%
Homemaker-Household	29,425	26,341	14,895	70,661	920		1,137	2,057	68,604	97.09%
Meals Congregate	12,927	16,128		29,055	40,265			40,265	(11,210)	-38.58%
Meals Delivered			12,340	12,340	7,342			7,342	4,998	40.50%
Transportation	164,475	33,540	12,546	210,561	31,569			31,569	178,992	85.01%
TOTALS	301,734	129,375	78,366	509,475	91,464	1,345	1,343	94,152	415,323	81.52%

Notes:
1. HSD is the New Mexico Human Services Department.
2. The FOCUS study and those currently served are 60+.
3. There is some overlap in the definitions between HSD, Medicaid, The SAOA and the FOCUS study.
4. FOCUS is Forcasts of Service Needs of Elder Persons prepared for New Mexico by Eavant, Inc.

NEW YORK

The attached report, An Evaluation of Unmet Needs of the Elderly in New York State, presents data collected statewide on Supportive Services, Nutrition Services, and other needs identified by the New York State Office for the Aging (NYSOFA) through a survey of Area Agencies on Aging conducted in the Spring of 1989. This survey (see attachment 1) included a ranking of presently available services for which there are standard definitions, estimates of number of elderly in need, and an opportunity to add narrative comments on newly emerging needs.

Most of the survey results were not surprising, given the growing population of frail elderly New Yorkers over the age of 75. Unmet needs were most prevalent in the areas of homemaker/personal care, housekeeper/chore and transportation; these were closely followed by non-institutional respite, day care, housing, and case management. In addition to the "standard definition" service categories for which data are regularly collected on service provision, the respondents to this statewide survey volunteered information on unmet needs in problem areas which are just starting to be identified.

"Multi-purpose senior centers" are not included as a separate service category in the survey. Senior centers in New York State have traditionally been a focal point for many community based services; examples include adult day care, congregate nutrition programs and recreation. At the same time, these centers are often dependent on transportation, escort, and other supportive services. These Senior Center issues are discussed on page 6.

Federal funding for aging programs has lagged farther and farther behind the increasing needs of a growing elderly population in New York State and across the country. In fulfilling its responsibility to advise the Governor on the needs of the State's elderly, the New York State Office for the Aging has helped guide State funding to the most pressing needs of the elderly, including needs for homemaker/personal care, housekeeper/chore, non-institutional respite, and case management. All these services are provided through the State-funded expanded In-Home Services for the Elderly (EISEP) program. Due to the limited State funds available, these services are tightly targeted through assessments of individual need but waiting lists and other unmet needs for these services will continue to grow unless Federal funding for these greatest needs of impaired elderly experiences dramatic, sustained increases over the next several years.

NORTH CAROLINA

This summary specifies the current impact of aging services on the State's older population and the capacity of the aging network to expand these services.

Supportive Services

The need for Chore services surpasses that of any other in-home service offered by the Division of Aging. Title III funding for Respite Care has increased from $60,377 in FY 87-88 to $272,785 in FY 88-89. In addition, new state state appropriations provided $483,224 for Respite Care services in FY 88-89. Title III and state appropriations administered by the Division of Aging meet 1.35% of the projected need for in-home services. As of October 1, 1989, providers receiving funding through Division programs could serve an additional 2,000 clients. This would cost approximately $1,200,000 and represent a 18% increase in funding from federal and state sources. Through Title III Transportation Services, North Carolina is serving approximately 21,500, or 13% of the number of rural older adults who live in poverty. The aging network could provide approximately 13,000 additional persons with transportation services during the year beginning October 1, 1989, at a cost of $1,749,700. This would represent a 43% increase in federal and state funding.

Legal Services

Through Title III services and the efforts of the North Carolina Legal Services Corporation, approximately 4,700 clients, which represents approximately 2% of the State's low income population, are receiving legal services. Area Agencies must utilize not less than 2% of their Title III-B allocation for legal services. As state funding for in-home services increase, the Division will review the status of legal services and consider increasing the Title III priority percentage requirements.

Nutrition Services

Approximately 224,500 impaired elderly require a least one prepared meal at home on a daily basis in order to avoid institutionalization. Through June 30, 1989, Title III and state appropriations and private programs provided home delivered meals to approximately 20,245 clients, or 9% of those in need of the service. Approximately 169,000 older persons are in most need of congregate nutrition by virtue of being low income and rural. Through June 30, 1989, approximately 35,000 or 21% of the number in greatest need

participated in congregate nutrition. The home delivered meals service can accommodate an annual growth of approximately 10 percent. In FY 89-90 an additional 1,100 clients could be served at a cost of $300,000. Congregate nutrition can accommodate an annual growth of 15%. In FY 89-90 this would equate to an additional 5,250 clients being served at a cost of $1,128,750.

Senior Centers

By the end of 1989 North Carolina will have 126 senior centers in 87 of the 100 counties. Approximately 26,000 older adults will participate in activities provided at the 34 senior centers which receive senior center operations funding through Title III. The most critical need for senior centers is additional operations funding.

NORTH DAKOTA

Services to the elderly population in North Dakota vary from county to county throughout the state. The most consistently delivered services are senior centers in 53 counties. Transportation to a limited extent in most of the counties, meals in 48 counties, outreach in 53 counties, health screening 53 counties, and legal services which is a statewide service.

Total service units being provided are:

	Current	Total Need
Outreach	92,462	148,281
Health Screening	84,031	161,552
Transportation	1,586,036	2,172,072
Congregate Meals	896,136	1,182,200
Home Delivered Meals	376,256	611,700

Total need for senior centers and legal services is estimated on a funding basis at $1,830,000 and $110,000 respectively.

Other factors influencing these figures includes the poor economy, loss of energy related industry, and declining property values in parts of the state. The demand on local mill levies and state dollars for programs for the elderly continues to increase. Population shifts of the 115,000 elderly population shows an increase in the 85 and over at 15% from 1980-87. The second largest shift has been in the 75-84 category with an 11% increase. Ages 65-74 has shown an increase of only 2%.

OHIO

This analysis examined the number of clients served by key services in the general areas of supportive services and nutrition, as well as the extent of the role multipurpose senior centers play in the provision of services. Only a few services were examined as indicators of the proportion of the older population that is served. The reason for this is that client information comes from the Title III contract monitoring system, and this system only achieves an unduplicated count of clients by service category. Thus, adding clients across service categories will unjustifiably inflate the estimates of clients serviced, and conversely, minimize the estimates of unmet need.

In addition, the information from the State's Title III reporting system, which includes other state and local funded services, and the PASSPORT Medicaid waiver program will be examined. Title XX-funded services other than those that appear in the Title III reporting system are not included. The reason for this is that the Ohio Department of Human Services does not monitor Title XX service delivery beyond collecting information on day-care and nonday-care expenditures.

The services examined were escort, transportation, chore, homemaker, personal care, adult day care, congregate meals, and home delivered meals. The table below shows the number of clients served during program year 1988 for these categories. It also shows the estimated percent of the age 60 and older population likely to need each service and an estimate of the size of the 1990 population needing such services. The difference between the estimate of the number of people in need of the services and the number of persons served, unmet need, is also presented.

These already simplistic estimates are further confounded by the unavailability of information on the extent of informal care. Although 1980 Census data is available that identifies the number of persons living with relatives other than a spouse or with non-relatives, there is no reasonable way by which to estimate the extent to which such persons are captured by the percentages used. However, approaching this situation from another perspective, there in no way to determine the number of person who, in their role as informal caregivers, are in need of respite care to support their caregiving. The total number of respite care clients identified in reports to the Department of Aging and provided by Medicaid user the PASSPORT program was only 824 for program year 1989.

Page 2 - Ohio

Client Information, Projected Need, and Unmet Need for Selected Services

Service Category	1988 Client	Estimated Percent in Need	Estimated Persons in Need in 1990	Estimated Unmet Need	Estimated Percent Need Unmet
Escort	13,410	17.5	313,431	300,021	95.7
Transportation	66,410	17.5	313,431	247,021	78.8
Chore	7,285	14.4	252,118	244,833	97.1
Homemaker	13,081	14.1	252,118	239,037	94.8
Personal Care	6,624	14.1	252,118	245,494	97.4
Adult Day Care	836	2.7	34,613	33,727	97.4
Congregate Meals	87,569	17.5	313,431	225,862	72.1
Home Del.Meals	29,332	14.1	252,118	222,786	88.4

Even if the size of the population needing each of these indicator services was overstated by 50 percent, the number of person served, based on the 1988 client figures, represents only a small proportion of the population in need. By these estimates over three quarters of those in need of transportation services will not have been satisfied. Moreover, less than three percent of the need for chore, personal care, and adult day care will be met. As indicators, these figures argue persuasively for the necessity of leveraging more dollars to fund services to the elderly, as well as a continuation of the effort to make each service dollar count.

Whereas the other two categories identified for discussion are services, the senior centers provided a varied array of services and have varying degrees of significance in the service delivery system. Therefore, the concept of unmet does not simply apply. The role of multipurpose senior centers as part of the service delivery network for services to the elderly is being examined at this time. The increased focus on community-based services has changed the importance of the multipurpose senior center providing many services at one location. Although the multipurpose senior centers continue to play an important role in the delivery of services in Ohio, how they will be integrated in the restructuring of aging services in Ohio remains under discussion.

OKLAHOMA

The State Unit on Aging conducted needs assessment and service evaluation activities in cooperation with the Oklahoma Area Agencies on Aging and local aging programs. The results of these activities reflect the unmet needs of older Oklahomans and their respective priority ranking. The priority unmet needs are transportation, nutrition assistance, assistance accessing services, in-home care, assistance securing eye glasses, hearing aids and dentures, long-term care planning and coordination, low cost health care, legal assistance, geriatric day care and assistance with costs of medications.

The needs assessment activities found almost ninety thousand older people in need of assistance with transportation which would be estimated to be a need for 5.6 million service units. In regards to service access, 34% or 187,680 older persons reportedly sought information on services, with 27% (50,674) not having anyone to turn to for this information. Approximately 20% of these people feel they need assistance to arrange for services above just receiving information. It is estimated that there are over fifty thousand older persons with an average of three contacts per person (150,000 service units) that are needed of information and referral or outreach services. It is estimated that case management services are needed by 35,000 older persons who are severely or moderately impaired and are not receiving these services. It is estimated that 43,760 of older Oklahomans are in need of in-home care with a minimum of 1.4 million service units. It was found that 18% of older Oklahomans sought legal assistance (101,000) with it estimated that thirty thousand older person's legal assistance needs are unmet. This would translate to 120,000 service units. The Ombudsman Program continues to grow currently resolving over 6,500 problems with 39,500 volunteer hours of assistance. It is estimated that twice this level of service is needed to assist the over 22,000 residents of long-term care facilities.

With the recent opening of a nutrition site in a rural county, there is now at least one nutrition site in each of the seventy-seven counties of the state. There are easily one hundred communities statewide that need a congregate meal site. This would represent a 40% increase or 1.24 million meals for an additional 16,000 older persons. There are waiting lists across the state to receive home-delivered meals. The current number of participants could easily double reflecting an increase of 8,000 participants and 1 million meals. There are roughly 400 senior centers in the state of which approximately 75% receive some federal or state assistance. Programming tends to be very limited and roughly fifty communities need a new center or major renovation to the existing facility to meet minimum code standards.

With increased meal costs, utilities, insurance preminums, gasoline and repair expenses, and other supplies, the Older Americans Act programs have struggled to maintain service levels without cutting services. Staff have went several years without salary increases and due to the depressed economy local resources have also declined. Continuing funding at the current levels will force projects to make more severe cuts that will reduce service levels.

OREGON

The determination of unmet needs in Oregon has been made after a review of data provided by Area Agencies on Aging. It was decided that the most meaningful description of unmet need is in the increasing number of persons needing the service. Of course, this would not preclude a person who needs a nutrition service from also needing a supportive service. The need for Senior Center services is expressed in estimated increase in the number of centers.

SERVICE CATEGORY	NUMBER OF PERSONS	PERCENT CHANGED
Supportive Services	22,319	+8.0
Congregate Meals	4,910	+10.3
Home-Delivered Meals	1,370	+10.0

SERVICE CATEGORY	NEW FACILITIES	REMODEL FACILITIES
Senior Centers	18	36

The number of persons needing service is based upon increased demand for existing services, and does not include a projection of those who may need a service but do not request it. The basis of increased demand is the increase in services actually provided in 1989 compared to 1988. It will indeed be a challenge to the network to provide services to meet an increased demand of approximately 9% with increased Older Americans Act funding amounting to only 3%.

PENNSYLVANIA

Through the requirements of the Older Americans Act, the Administration on Aging has charged state units with the task of estimating unmet need for nutrition services (congregate meals and home-delivered meals), multipurpose senior centers and supportive services. Because of the size and diverse nature of Pennsylvania's older population, and the lack of state-specified data on the topic, any such estimate is limited.

With these limitations in mind, a formula was developed to use existing national and state data bases to estimate unmet need. This is a six step formula which calls for persons currently receiving institutional or residential care to be subtracted from total population estimates, with the remainder being multiplied by percentage estimates of need and demand. Current service utilization rates are then subtracted from the product to reveal estimates of unmet need.

Pennsylvania's estimate of unmet need for nutrition service is 9,768 persons, or .04 percent of the population; for multipurpose senior centers, 143,394 persons, or 6.25 percent of the population; and for supportive services, including community-based long-term care, 291,371 people, or 12.70 of the population.

Although the three service categories yield varying estimates, they are consistent with national projections. The relatively high unmet need estimate for supportive services, including community-based long-term care, is consistent with the national data, and calls for increased efforts to develop community-based options in long-term care.

RHODE ISLAND

The enclosed report has been prepared pursuant to Section 307(a)(3)(A) of the Older Americans Act, as amended, regarding the evaluation of unmet need for Supportive Services, Nutrition Services, and Multipurpose Senior Centers in Rhode Island.

Findings are based on review and analysis of Title III service statistics, grantee agency reports, consumer input through public hearings and Silver Haired Legislature, Statewide Information and Referral statistics, and input from Aging Network staff.

Our review indicates that of Rhode Island's population, 60 years of age and older, (180,000) some 30,000 or 16.7% received services under Title III of the Older Americans Act in Fiscal Year 1988. It is estimated that, in total, an additional 16.6% or 29,880 individuals are in need of such services. Of the 30,000 already served under Title III, easily 25% (7,500) experience additional needs which remain unmet.

Unmet service needs include the following:

- o Supportive Services
  - Transportation (medical, shopping, socialization)
  - Housing (counseling, alternatives, temporary placements)
  - Outreach (minority/limited English speaking)
  - In-Home Services (Homemaker/Home Health Services)
  - Abuse/Protective Services (crisis intervention)
  - Legal Services (advocacy assistance for minorities/limited English speaking)

- o Nutrition
  - Congregate weekend sites - provision of a second meal per day
  - Home-Delivered Meals for a rapidly increasing frail population

- o Senior Centers
  - Location of sites in additional communities
  - Specialized programming for frail, older population

The network of agencies and organizations providing such services experience unmet needs in critical areas such as staff recruitment, training and compensation, staff retention, and obtaining adequate and affordable insurance.

SOUTH CAROLINA

The most critical areas of unmet need are in-home services, particularly homemaker services; transportation services, multipurpose senior centers, and adequate facilities for congregate nutrition sites.

While this report has focused primarily on needs we have identified through our programs, we are aware that other agencies are in the same predicament and are unable to take up the slack. While several agencies provide similar services, none have sufficient resources to meet the needs. We are expecting the situation to deteriorate into a crisis, particularly in the area of in-home services.

The allocation of Title III-D funds to South Carolina is so small as to have no impact, and we are already providing State funds significantly over the matching requirements of the Title III program. In order to resolve these problems we need more Federal funding as well as more flexibility to utilize the Federal resources for the maximum benefit for those most in need.

The following is an estimate of Unmet Need in South Carolina:

SERVICE	ESTIMATED NUMBER OF PEOPLE WITH UNMET NEED
I. Supportive Services	89,000
Transportation	50,000
Homemaker	30,000
Legal Assistance	9,000
II. Nutrition Services	1,300
Home Delivered Meals	1,300
III. Multipurpose Senior Centers	104,000

SOUTH DAKOTA

With the increase in the number and percentage of older persons in the state of South Dakota, it becomes increasingly important that resources are made available to promote the independent living status of our elderly and prevent or delay premature or inappropriate institutionalization.

Adult Services and Aging is responsible for case management and linking elderly with the resources available in their communities.

Surveys, waiting lists, input from the aging network and community forums have provided the opportunity for Adult Services and Aging to identify the unmet needs of South Dakota's elderly.

The majority of South Dakota's elderly live in a very rural setting. Access to adequate health care is their main concern. With over 18% living below the poverty level, affordable health care, nutrition and supportive services must be made available in a reasonable and cost effective manner.

It is estimated that in order to have a significant impact, approximately 5.1/2 million dollars would be needed. Three to four million of these funds would need to be Federal.

Nutrition:	$2,298,853
Supportive Services:	$2,456,652
Multi purpose Senior Centers:	$ 646,000

TENNESSEE

Unmet Need for Supportive and Other Services
Estimates Based on 1990 60+ Population

Personal care services	145,518
Nursing care services	16,334
Physical therapy	23,077
Continuous supervision	5,408
Health check	4,532
Homemaker/household services	31,440
Meals	14,257
Transportation	57,223

An estimated 15,000 Tennesseans are vulnerable elderly with an unmet need for coordinated packages of related health and social services. Sufficient related services to assist these individuals maintain independent community living are seldom available in any locality.

The greatest unmet need for nutrition service is for home delivered meals, often an essential element in a service array to assist vulnerable persons. Additional requests are made for congregate sites and meals to each project, however.

Persons with an unmet need for senior centers include over 300,000 individuals 65 to 75 years old who would likely profit from the preventive services of a senior center. To address any unmet needs, additional staffing for senior centers, particularly in rural areas, is needed throughout the State.

TEXAS

In compliance with the Older Americans Act, Section 307(a)(3)(A), the Texas Department of Aging's State Plan on Aging for Fiscal Years 1988-89 states the following "The State Agency will evaluate the need for supportive services (including legal assistance), nutrition services and multipurpose senior centers, and determine the extent to which existing public or private programs meet the need."

The 28 area agencies on aging assessed the needs of the elderly in their areas to determine what services were needed. The methodology used by the area agencies on aging varied with each planning area. Some of the methods used by the area agencies included surveys or questionnaires to the elderly, key informant questionnaires to local service providers or elected officials, past service performance reports, telephone surveys, television information programs followed with a call-in segment for public input of the needs of the elderly, and public hearing. This report is based on information compiled from the total of those needs assessments.

The assessments revealed the top priority to be transportation. The unmet need is estimated to be approximately 19.5 million one-way trips. This is particularly significant in Texas due to the large number of rural counties and huge distances between communities. Transportation is also difficult in major metropolitan areas because mass transit systems may not be accessible to the frail elderly.

Also identified was a major need for in-home services, which included over one million hours each of homemaker and in-home respite services. Other services listed as having significant unmet needs included personal care, chore maintenance, and home health aide assistance. This is indicative of the growing number of frail Texans who are in need of services to assist them in remaining independent in their homes. The population growth of older Texans has increased dramatically over the past decade, with the most dramatic increases in the 75+ age groups. Projections indicate that by the year 2000, the 60+ population in Texas will be 2.6 million, with over 900,000 being over age 75.

Nutrition services continue to be a significant need, with both congregate and home-delivered meals ranking as top priorities. There is an estimated unmet need for approximately 10.8 million congregate meals and 9.5 million home-delivered meals across the state.

Senior center operations ranked number four in unmet needs across the state. This refers to the services offered in the senior centers and not to the need for new centers. However, the TDOA Minority Elderly Task Force has identified the shortage of centers in ethnic neighborhoods as a barrier in outreaching low-income minority elderly.

Page 2 - Texas

The Texas Department on Aging is currently targeting these services, although clearly the need will continue to far exceed available resources.

The following is a prioritized list of unmet service needs identified by the Texas area agencies on aging:

1.	Transportation	19,583,053
2.	Homemaker II (Personal Care)	16,221,445
3.	Congregate Meals	10,843,367
4.	Senior Center Operations	1,599,558
5.	In-Home Respite	1,469,214
6.	Homemaker I (Housekeeping)	1,092,145
7.	Home-delivered Meals	9,563,361
8.	Legal Assistance	471,845
9.	Emergency Response	231,143
10.	Information & Referral	153,319
11.	Adult Day Care	151,703
12.	Case Management	77,264
13.	Services in a Care Facility	43,342
14.	Residential Repair	39,713
15.	Chore Maintenance	28,425
16.	Income & Material Aid	24,741
17.	Home Health Aid	23,934
18.	Mental Health	22,342
19.	Outreach	20,573
20.	Health Maintenance	16,628
21.	Ombudsman	14,733
22.	Instruction & Training	12,310
23.	Physical Fitness	11,220
24.	Adult Protective (Abuse)	20,771
25.	Housing Placement	9,658

UTAH

The Utah Division of Aging and Adult Services evaluated the need for supportive services, nutrition services and the services offered in multipurpose senior centers in its long-range plan. The development of the long range plan occurred from March 1986 through May, 1988. The long range plan resulted in two reports: Part I: Committee Reports and Recommendations, printed in August, 1987 and Final Report: Part 2, printed in May, 1988. The following is an abbreviated summary on needs that was part of the Executive Summary:

MAJOR NEEDS FROM 1986-2000:

THE OLDER POPULATION IS THE FASTEST GROWING AGE GROUP IN UTAH

THERE WILL BE MORE POOR AND NEAR POOR ELDERLY.
- o The poor and near poor will be primarily the very old, women, minorities and those living alone.

THE NEED FOR LONG TERM CARE SERVICES WILL GROW RAPIDLY, DUE TO THE FAST GROWING OLD-OLD POPULATION.

MOST OLDER PEOPLE ARE INDEPENDENT. THEY DON'T NEED NURSING HOME CARE, OR HELP WITH ACTIVITIES OF DAILY LIVING, BUT MANY NEED AND BENEFIT FROM PUBLICLY FUNDED COMMUNITY SERVICES.
- o These services include transportation, congregate meals, employment, health screening, health promotion and socialization/ recreation.

IN ALL PROGRAMS OFFERED THROUGH THE DIVISION, THE NEED FOR SERVICES IN 1986 WAS GREATER THAN THE NUMBER OF SERVICES PROVIDED.

Also, the Utah Division of Aging and Adult Services updated the long range plan in Feb. 1989, in a document titled: Progress Report Through 1988 for The Future of Aging and Adult Services in Utah. The following is the Summary update on needs information presented in the Progress Report:

> Overall, from 1986 to 1988, the State Division of Aging and Adult Services is not increasing the units of services needed to match the increase in population from 1986 to 1988. In Part 1 of the long-range plan, the total need for services was demonstrated to be much higher than utilization of services. Therefore, the fact that the State Division is generally not providing enough services to match increases in population demonstrates increasing concerns about the adequacy of current service provision, as well as an increasing need to prioritize services and to improve funding mechanisms.

The following nine pages provide additional information from these two documents. Pages 2-B come from Part I and Pages 9-10 come from the Progress Report. The full reports are available upon request.

VERMONT

Over the final fifteen years of this century the number of Vermonters over the age of 60 will rise at almost 13,000 and those over the age of 75 will account for 80% of that increase (Vermont Department of Health 1983 -1986). Consequently, we will face a need to increase the availability of a broad range of services and will focus increasingly on the special needs of the so-called "old-old" segment of our population.

As part of our effort to enable the State to make informed public policies which address the changing needs of this growing population, the Vermont Office on Aging, in 1986, conducted a survey of Vermonters older than age 60 who were residing in households. A randomly selected group of 1,223 people over the age of 60 were interviewed to release information about a range of needs including supportive services, nutrition, and other in-home services and multi-purpose senior centers.

Unmet needs for supportive services include:

- Information and consultation. More than half of the survey respondents (53.6%) needed help obtaining and/or interpreting information about services during the year prior to the survey. Of these, 27.3% have received help from a Human Services worker, an Area Agency on Aging advocate for example. Overall 13.6% said they needed more help than they had been receiving. We estimate based on this that there are about 10,860 older Vermonters with unmet needs for help with information and consultation.

- Transportation. Our survey results indicate that approximately 1,029 older Vermonters had not heard of "senior vans", had transportation difficulties and would have like to have taken advantage of a "senior van". An additional 316 had used the van but could have used more often than available. Over all about 2,300 older Vermonters have transportation problems which limit them very much and could use some kind of help with transportation.

- In-home visiting. While about 4.5% of older Vermonters have had in-home visits through the Senior Companion program, and other visiting programs, 9.8% said they would like a regular visit. Those who live alone were twice as likely to want such a visiting opportunity. Overall we estimate that 7,748 older Vermonters would like regular in-home visits.

Unmet needs for Nutrition and other in-home services:

- Our survey results indicate that 775 older Vermonters needed more help with meal preparation. In addition, about 2,029 needed more help with personal care, 951 needed more help with shopping, 2,285 needed more help with housework, and 5,179 needed more help with heavy home chores. Overall about 2,096 informal caregivers over the age of 60 needed more help providing these services and about 1,241 needed respite services.

Unmet needs for Multi-purpose Senior Centers:

- About 13.5% of older Vermonters attended a senior center in Vermont prior to the survey. This represents about 9,996 people. Those living alone were twice as likely as those living with other to attend. At the proportion of older Vermonters over 75 increases, so the proportion who live alone. We estimate that by the year 2000 about 11,550 older Vermonters would need Senior Centers.

VIRGINIA

This report responds to the Older Americans Act requirement that each state evaluate the unmet need of older persons for supportive and nutrition services and to report the results of its evaluation to the Administration on Aging by June 30, 1989.

There are a number of ways to measure need. The enclosed tables display two different measures from two different sources: Area Agencies on Aging and the National Center for Health Statistics.

Table 1 is a compilation of information from unmet needs reports submitted by the Area Agencies on Aging in 1988 and 1989. Ihe data collection process focused on those supportive and nutrition services which most clearly meet the mandate of the Virginia General Assembly to target Older Americans Act funds and state funds to "services which can assist the elderly to function independently for as long as possible" (1989 Appropriations Act). Unmet need is defined as the difference between the assessed need and the amount of service provided. In summary, there is an annualized unmet need for 1.75 million meals, 826,000 hours of in-home services, 20,500 participant days of adult day care, 509,000 transportation trips, and 312 legal assistance cases.

Table 2 displays estimates of the number of older Virginians who have unmet needs for assistance with the activities of daily living. National percentages developed by the National Center for Health Statistics were applied to 1989 estimates of the number of older Virginians. Unmet need is defined in terms of the estimates of need based on demographic data. Over 82,000 Virginians age 65 or older are estimated to have unmet needs for assistance with personal care and over 25,000.have unmet needs for assistance with home management.

Appendix 1 contains definitions of the services listed in Table 1.

WASHINGTON

INTRODUCTION

This evaluation of the unmet needs of the elderly in certain, special areas is prepared in accordance with the requirement included in the Older Americans Act (OAA) as amended.

Information for the evaluation was drawn from area plans on aging submitted yearly to the State Unit on Aging since Area Agencies on Aging have an on-going requirement to evaluate unmet needs of older adults in their communities. The attachments are mainly statistical in nature and are included as support for the conclusions in the report.

SUPPORTIVE SERVICES

For the purposes of this Report "supportive services" have been defined as, 1) Transportation, 2) Information and Assistance/ Case Management, 3) Legal Assistance, 4) Adult Day Health/ Adult Day Care, 5) Mental Health, 6) Volunteer - RSVP, FGP, SCP, 7) Senior Community Services Employment, 8) Respite Care.

Transportation - Transportation is still a pressing need among older persons. Present services are doing a good job but fall short of meeting the need older people face.

Information and Assistance/Case Management - Services are available all over the state but growing demand for these services, specifically case management, outstrips the present resources.

Legal Assistance - Service is available and accessible in all areas. Need for additional services is not seen as a high priority in most areas.

Adult Day Health/Adult Day Care - Adult day health is well utilized where available, but adult day care based on the social model is growing at a faster rate because it is cheaper to provide.

Mental Health - Services provided through community mental health centers is limited and needs to be increased.

Volunteer - RSVP, FGP, SCP - Older adults need meaningful volunteer opportunities in a variety of settings. In particular, FGP and SCP should be expanded to meet needs identified in unserved areas.

Respite Care - 80% of the care provided to disabled adults is provided by caregivers (family and friends). Present service should be expanded and adequately funded to meet the need in unserved areas.

NUTRITION SERVICES

The number of meals being served in the congregate meals program has remained constant while the number of participants decreased indicating that although fewer people are participating they are eating at the meal sites on a more consistent basis. The home delivered meals program is growing and is projected to continue to grow since home bound older adults served by this program are those targeted by the aging network as being most in need.

MULTIPURPOSE SENIOR CENTERS

Senior Centers meeting the definition of a multipurpose senior center are operating in this state. They serve as a delivery point for a variety of social and health related services. The need for Multipurpose Senior Centers is reflected by local demand and community response to that demand. T.e State Unit on Aging does not generate or maintain data on this service need.

WEST VIRGINIA

West Virginia is experiencing drastic demographic changes toward an older, more frail population. One of the most critical trends is the increase in both the 75-plus and 85-plus populations. These population changes will likely continue, and may become more apparent, well into the twenty-first century. These trends play an important role in the determination of the state's unmet needs for its elderly population.

Supportive Services

The greatest need is for the increased availability and affordability of in home services, including chore/housekeeping, personal care and home repair. There is also a need for additional respite and adult day care services for the state's frail population. Finally, the rural nature of the state mandates an ever increasing need for transportation services.

Nutrition Services

The area of unmet need relating to nutrition is for meals for the state's homebound elderly. Funds are needed to increase the number of meals for current participants and to be able to serve the ever-increasing number of frail elderly.

Multipurpose Senior Centers

The two main areas of need in this category are for funds for maintenance of current multipurpose senior centers and to make existing facilities more accessible.

WISCONSIN

The unmet needs of Wisconsin's elderly population will be influenced by the following population trends:

1. MISCONSIN'S ELDERLY POPULATION IS GROWING AT A RAPID RATE

- 88,000 more elderly residents by the year 2000.
- The growth is in the very old population -- those over 75 years old.
- The age 85+ group is growing the fastest -- 62% between now and the year 2000.
- Expected population increase.

	NUMBER OF PERSONS		Increase	
	1985	2000	# Persons	Percent
Age 65 - 74	344,100	337,700	(6,400)	-2%
Age 75 - 84	191,300	245,300	54,000	28%
Age 85+	66,000	106,700	40,700	62%
Total Elderly	601,400	689,700	88,300	15%

2. NEED FOR NURSING HOME OR EQUIVALENT CARE INCREASES WITH AGE

- 2% of persons aged 65 - 784 live in nursing homes.
- 30% of persons over age 85 live in nursing homes.

3. 14,000 MORE ELDERLY PEOPLE IN WISCONSIN WILL NEED NURSING HOME OR EQUIVANENT CARE BY THE YEAR 2000 BECAUSE OF GROWTH IN THE ELDERLY POPULATION.

- Of these, 10,000 are expected to require public assistance to pay for their care.

4. The group over age 85 is predominantly female; the ratio of men to women decreases from 77/100 for ages 65-74 to 42/100 for the over 85 group.

5. Persons over age 85 are twice as likely to live in poverty as younger elderly.

Growth in the age group most likely to need long-term care will not be responded to with an increase in nursing homes, due to the state's permanent bed cap. Therefore, the most compelling needs will be for an array of in-home and community based services for the disabled elderly. This group will have the least resources to contribute to the cost of services.

A second factor is the increasing longevity of minority elders, who will be increasingly using long term support services state-specific data on these populations is needed.

WYOMING

Information for the Unmet Need Report was gathered in telephone interviews and on surveys that older persons filled out and returned to local senior citizen centers. Additional data was collected from service providers.

An analysis of the data that was collected through the above means reveals a good level of knowledge and satisfaction with the services provided by the Aging network. Some 46% of Wyoming's 60+ population participates in one or more Aging network sponsored programs during the year.

Unmet needs that are identified in the report are the need for additional outreach to increase the knowledge of older persons about the programs, additional funding for respite and adult day care, and the need to expand the transportation currently provided by local centers to include services during the evening and on weekends. Service providers also identified the need for additional training for outreach workers.

Needs identified in the nutrition program were for more outreach to older persons living in remote rural areas and the general lack of visibility of these services to older persons who live in rural areas.

Barriers to service provision were the long distances and the relative high cost of services particularly in-home services.

AMERICAN SAMOA

The report covers the required service areas, uses existing information, and covers the entire SUA jurisdiction.

American Samoa's unmet need for supportive services is minimal, since the majority of the elderly population is receiving adequate levels of assistance through appropriate supportive services.

Two multipurpose senior centers currently exist in the islands. Evaluations indicate that an additional three centers are needed in order to provide an adequate number of facilities in which seniors can congregate.

American Samoa uses food vouchers for seniors in its provision of nutrition services. This system is currently providing approximately one-fourth of the necessary nutrition services for the elderly, leaving an unmet need of approximately 75% in nutrition services.

One specific unmet need, which is outside the realm of three categories of services required by this report, is the need for a physician who specializes in geriatric medicine. At present, there is no doctor in the islands who can assist the elderly with their health care needs.

GUAM

The following report is submitted in compliance with AoA Program Instruction 89-05 for possible usage in AoA's report to Congress on "Unmet Needs" relative to Older Americans including the Territory of Guam's Senior Citizens.

After carefully considering the information on how each State Unit on Aging should devise its survey instrument re: evaluation of unmet needs, the Division came up with the format which best describes AoA's instructions.

The enclosures demonstrate the methodology used in the evaluation of unmet needs of those seniors within seventeen (17) centers who receive congregate meals as well and of those seniors who are homebound and receiving home-delivered meals. These seniors were randomly surveyed via telephones and personal site visits. An explanation is given to provide clarification of each category surveyed.

In general, it appears that the current needs of the elderly are being met and the elderly are satisfied with the services that they are receiving. The elderly appear to be grateful for the services they are receiving and do not seem impelled to ask for anything more. Of particular importance is the fact that the majority of elderly participants are female. The prevalence of elderly females indicate a need to develop more female oriented programs in addition to what is presently being employed. Of course, the needs of the male participants should not be overlooked in the development of any program be they new or existing.

Our State Unit on Aging will submit a more comprehensive report of unmet needs covering all levels of service at the close of Fiscal Year 1989 to Region IX.

PUERTO RICO

The Puerto Rican population 60 years of age has increased dramatically over the last eight decades. Between 1899 and 1987 the population of the Island increased from 953,243 to 3,293,872 inhabitants. As a result, this age group comprised four percent of the total population in 1899 and it had increased to near 13.79 in 1987.

In order to respond effectively to the needs of this increased complex population, the Governor of Puerto Rico signed Public Law #68 on July 11, 1988, creating the Governor's Office of Elderly Affairs as the Puerto Rico Agency on Aging. The creation of this law repealed Public Law #16 of May 22, 1962 that created the Puerto Rico Gericulture Commission. The identification of unmet needs has been one of the objectives of the Governor's Office of Elderly Affairs. This has been accomplished through various activities whereby public officials and older persons have expressed their opinions regarding the needs and priorities of the elderly through dialogues, public hearings, conferences and educational activities. These, and up-dated waiting lists furnished by service providers has been the source of specific areas of unmet needs. The most outstanding are the following:

Health:

- better health services;
- cost reduction of prescription drugs;
- affordable hearing aids, glasses and dental work;
- mobile clinics to visit distant communities;
- geriatric clinics at Diagnostic and Treatment Centers;
- expand and improve in-home health services.

Housing:

- more adequate and affordable housing facilities;
- long term care facilities as an alternative for those elderly who need institutionalization;
- more funds for home repairs.

Social and economic well-being:

- o expand and improve social services;
- o special incentives to foster employment;
- o more employment opportunities;
- o advocate effectively to avoid age discrimination practices.

Education:

- o literacy programs for the elderly;
- o educational programs to family caregivers;
- o a better understanding of the aging process by the elderly themselves and the community.

REPUBLIC OF PALAU

Republic of Palau is an Island of only 15,000 population with a population of 1,656 low income elderly in Koror, the capital, and on 16 scattered islands. The results of a survey conducted by Palau, as well as information based on existing knowledge regarding the unmet need of the elderly, indicate that the unmet service needs of Palau's elderly are greatest in the areas of health, general hygiene, improved sanitary conditions, improved nutrition, transportation and improved safe housing. Health care services ranked high including the need for off island medical referral.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

The Commonwealth of the Northern Mariana Islands Office of Aging has conducted hearings in the islands of Saipan, Tinian, and Rota during the latter part of May 1989 at the Senior Centers to solicit comments relative to the programs and services that were available. The results of hearings as they relate to the unmet needs of the 1,150 elderly are listed below.

TRANSPORTATION SERVICES:
A total of 81.4% of older persons were not served during the year.

OUTREACH SERVICES: 81.9% of older persons were not served during the year.

HOMEMAKER SERVICES:
91% of older persons were not served during the year.

IN-HOME SERVICES FOR THE FRAIL ELDERLY:
73.2% of older persons were not served during the year. For reporting purposes, the Commonwealth is reporting In-Home Services for the Frail Elderly under this part (B) but, funding source should reflect that of Part D, of the Act.

CONGREGATE MEALS SERVICES:
64.2% of older persons were not served during the year.

HOME-DELIVERED MEALS SERVICES:
35.9% of older persons were not served during the year.

The percentages in each category reflect the unmet need of the elderly in the CMNI.

APPENDIX III

APP III

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

Administration on Aging

DEC 6 1989
Resubmitted 1-11-90

TO : The Secretary
Through: US
COS
ES

FROM : Acting Commissioner on Aging

SUBJECT: FY 1989 Report to Congress on Long-Term Care Ombudsman Activities for FY 1988 under the Older Americans Act -- ACTION
Action Requested BY: 01-15-90

ISSUE

Section 207(b) of the Older Americans Act of 1965, as amended in 1987, requires the Commissioner on Aging to prepare a report on the ombudsman activities conducted under the authority of the Act in each fiscal year. The most current data available is for Fiscal Year 1988. This report is to be submitted by the Secretary to the Congress.

DISCUSSION

The attached report summarizes and analyzes the data collected under Section 307(a)(12)(C) of the Older Americans Act for FY 1988. Part I of this national summary provides a comparative summary of the program data for FY'87 and FY'88. Part II summarizes information from the reports of States on the nature and disposition of individual complaints. Part III summarizes the major long-term care issues identified in the State Ombudsman Reports. Part IV describes a major commitment that the Administration on Aging has undertaken to establish a national Long-Term Care Ombudsman Resource Center, and other awards under Title IV of the Act which are designed to improve the quality of life for residents of long-term care facilities.

Page 2 - The Secretary

In fulfilling the requirements of Section 207 of the Older Americans Act, I have prepared the necessary report to the Congress. Also attached are letters transmitting the report from the Secretary to the Special Committee on Aging of the Senate; the Select Committee on Aging of the House of Representatives; the Committee on Labor and Human Resources of the Senate; and the Committee on Education and Labor of the House of Representatives. In addition, I will make copies of this report available to those agencies and organizations identified in Section 207(b)(3) of the Older Americans Act.

RECOMMENDATION

I recommend that you sign the attached letters transmitting the report to the Congress.

DECISION

Approved: _____ Disapproved: _____ Date: _____

Joyce T. Berry

Joyce T. Berry, Ph.D.

Attachments

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable Orrin Hatch
United States Senate
Washington, D.C. 20510

Dear Senator Hatch:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

The Long-Term Care Ombudsman Report provides a comparative summary of program data for FY'87 - FY'88. In addition, the report summarizes information from reports of States on the nature and disposition of individual complaints and it also summarizes the major long-term care issues identified in the State Ombudsman Reports. Further, the report describes a major commitment that the Administration on Aging has undertaken to establish a national Long-Term Care Ombudsman Resource Center, and other awards under Title IV of the Act which are designed to improve the quality of life for residents of long-term care facilities.

Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable John Heinz
United States Senate
Washington, D.C. 20510

Dear Senator Heinz:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable William F. Goodling
House of Representatives
Washington, D.C. 20515

Dear Mr. Goodling:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable Matthew J. Rinaldo
House of Representatives
Washington, D.C. 20515

Dear Mr. Rinaldo:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable Edward M. Kennedy
Chairman, Committee on Labor
and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable David H. Pryor
Chairman, Special Committee on Aging
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable Edward R. Roybal
Chairman, Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

The Long-Term Care Ombudsman Report provides a comparative summary of program data for FY'87 - FY'88. In addition, the report summarizes information from reports of States on the nature and disposition of individual complaints and it also summarizes the major long-term care issues identified in the State Ombudsman Reports. Further, the report describes a major commitment that the Administration on Aging has undertaken to establish a national Long-Term Care Ombudsman Resource Center, and other awards under Title IV of the Act which are designed to improve the quality of life for residents of long-term care facilities.

Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JAN 31 1990

The Honorable Augustus F. Hawkins
Chairman, Committee on Education
and Labor
House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

I am pleased to transmit the Report on Long-Term Care Ombudsman Activities required by the 1987 Amendments to the Older Americans Act, Section 207(b). The report, which was prepared by the Administration on Aging, is based on the most current information available concerning Long-Term Care Ombudsman Activities carried out under authority of Section 307(a)(12) of the Act.

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Sincerely,

Louis W. Sullivan

Louis W. Sullivan, M.D.
Secretary

Enclosure

REPORT TO CONGRESS

ON

LONG-TERM CARE OMBUDSMAN ACTIVITIES

UNDER TITLE III OF THE OLDER AMERICANS ACT

NATIONAL SUMMARY OF STATISTICAL DATA AND PROGRAM ACTIVITIES

FOR FISCAL YEAR 1988

ADMINISTRATION ON AGING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

27-475 - 90 - 8

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INTRODUCTION

A. Overview of Programs Under Title III of the Older Americans Act

Social and Nutritional Services

Under Title III of the Older Americans Act, the Administration on Aging provides financial assistance to State Agencies on Aging in 59 States and jurisdictions to develop a comprehensive and coordinated service system for older persons. These State Agencies on Aging are organizationally located in State governments, either as independent agencies reporting directly to the Governor, or as components of larger human services agencies. The total Title III appropriation in FY 1988 was $694.1 million.

In FY 1988 the State Agencies on Aging allocated approximately 95% of their total Title III funds to over 660 Area Agencies on Aging to carry out the purposes of the Act. The Area Agencies on Aging used these funds and other resources to support in-home and community-based social and nutritional services for older persons. An estimated 8.2 million persons received social services under Title III-B, including access services such as transportation and information and referral, and a wide range of other social and health services offered in the home and in community settings. The Title III-C nutrition program provided congregate and home-delivered meals to an estimated 3.5 million persons of whom more than 53% were low-income elderly.

Long-Term Care Ombudsman Activities

The State Long-Term Care Ombudsman program, mandated under Section 307(a)(12) of the Older Americans Act, responds specifically to the needs of institutionalized older persons. As part of their overall leadership responsibilities, State Agencies on Aging are required to establish and operate, either directly or by contract or other arrangement, an Office of the State Long-Term Care Ombudsman. The activities of this Office contribute in an important manner to the development of responsive systems of service throughout the State.

Prior to the FY 1987 Amendments which became effective in FY 1988, Section 307(a)(21) of the Act required States to spend at least one percent of their Title III-B supportive services allotment, or $20,000, whichever was greater, to support Statewide ombudsman activities on behalf of the institutionalized elderly. The 1987 Amendments to the Act require States to spend an amount equal to the amount expended by the State in FY 1987 for the Ombudsman program if the Title III-B allotment is not less than the Title III-B allotment for FY 1987. This requirement only applies to the 50 States, the District of Columbia, and Puerto Rico. In addition, the 1987 Amendments included a separate authorization of appropriations for the Ombudsman program; but, as of this date, funds have not been appropriated under the new authority.

In FY 1988, since the Title III-B allotment was less than the Title III-B allotment in FY 1987, States were not mandated to comply with the requirement of Section 307(a)(21). However, States elected to spend more than $3 million over the the amount expended in FY 1987.

Functions of the ombudsmen include investigating and resolving complaints made by residents of long-term care facilities, establishing procedures for ombudsmen access to facilities and patients' records, maintaining a Statewide reporting system to collect and analyze data related to complaints, and establishing procedures to assure client confidentiality. Under the Title III mandate, ombudsmen monitor the development and implementation of Federal, State, and local laws, and regulations and policies with respect to long-term care in the State. They also provide information to public agencies regarding the problems of older people in long-term care facilities. In addition, ombudsmen at the State level perform a variety of developmental functions. These functions fall into the following categories:

- providing on-going development and support of local programs through contracts and agreements with sponsoring organizations; training and certifying staff and volunteers; and maintaining a Statewide network of newsletters and meetings of local program directors;

- providing public information about their activities and long-term care issues through the production and dissemination of a variety of consumer publications -- such as residents' rights booklets, guides to nursing homes, and brochures and posters about ombudsmen services -- as well as by appearances on local television and radio programs;

- o serving on boards, committees and task forces dealing with long-term care issues within the State; and,

- o promoting the development of residents councils and community councils for long-term care facilities, as well as providing training and technical assistance for council members.

Ombudsmen often have a great impact in helping to improve the long-term care system by identifying problems which affect large numbers of older people. They often effect changes in policies, procedures, regulations, and legislation to alleviate or resolve those problems. In addition, paid and volunteer staff provide socialization opportunities for the institutionalized elderly, and, in some cases, assist those who are capable of independent living in returning to the community.

B. Ombudsman Activities at the State and Sub-State Levels

State Level Activities

In all but a few jurisdictions, the State ombudsmen operate under the direct auspices of the State Agencies on Aging. In those cases where the State level program is under other auspices, the sponsoring agency is most often either a special committee established by legislation to conduct these activities, or an ombudsman staff located within the Governor's office or elsewhere in the State human services governmental structure. In all jurisdictions, however, the State Agency on Aging is responsible for assuring that all requirements under the Act are met.

Title III-B and State funds are the major resources for ombudsman activities at the State level. In FY 1988 these funds were augmented by small discretionary grants from the Administration on Aging under Title IV of the Older Americans Act -- which could be used for ombudsman, legal or protective services -- and by other funding sources.

Sub-State Activities 1/

In addition to activities at the State level, 578 ombudsman programs were also operating under sub-State sponsorship in 44 States during FY 1988. These programs were sponsored by a variety of organizations, including Area Agencies on Aging, other sub-State governmental units, citizen advocacy committees, and private, non-profit organizations, or were managed directly by the State. In FY 1988, about 88% of the sub-State ombudsman programs reported were administered by Area Agencies on Aging, compared to about 80% in FY 1987. It is apparent that the expansion of ombudsman activities at the sub-State level, described in detail below, is due in part to a greater involvement of the Area Agencies on Aging.

Most States allocate some of their Older Americans Act dollars, as well as other State and Federal funds, to their sub-State ombudsman programs. These resources are augmented by funds from county or city governments and private sources. In many States the Area Agencies also use some of their Title III-B supportive services allotment for these local ombudsman activities. Consistent with the greater involvement by Area Agencies in managing these activities, the data also reflects a trend toward increased expenditures by the Area Agencies of their Title III-B allotments for sub-State ombudsman activities.

C. Contents of this Report

An annual Ombudsman Report is submitted to the Administration on Aging by each of the 52 State Agencies on Aging participating in this program. Part I of this national summary provides a comparative summary of the program data for FY 1987 and FY 1988. Part II summarizes information from the States' reports on the nature and disposition of individual complaints. Part III categorizes the major long-term care issues identified in the State Ombudsman Reports. Part IV describes a major new commitment that the Administration on Aging is undertaking to establish a national Long-Term Care Ombudsman Resource Center, and other awards under Title IV of the Act which are designed to improve the quality of life for residents of long-term care facilities.

1/ The term 'sub-State program' as used in this report is broadly defined to include field or regional offices of the State-level program. The large number of volunteer committees in North Carolina (176 in FY 1987) are not included in the total number of sub-State programs discussed below, since they operate under the auspices of the 18 Area Agency programs in that State.

PART I. TITLE III OMBUDSMAN ACTIVITIES:

A. Expansion of Ombudsman Activities

Comparative analyses of data reported in FY 1987 and FY 1988 show continuing expansion of ombudsman activities Statewide, as measured by four indicators: the number of sub-State programs, amount of funding, size of staff, and the number of complaints received. Comparative data are summarized below.

Number of Sub-State Programs

The number of ombudsman programs at the sub-State level grew from 557 in FY'87 to 578 in FY 1988. These figures do not include the large number of citizen advisory committees for nursing homes and other care-giving facilities in North Carolina which are mandated by law in that State, in addition to the 18 regional programs administered by the Area Agencies on Aging in that State.

Funding Levels

Total funding for ombudsman activities Statewide increased by $3 million. The total amount of funds from all funding sources was $23.3 million in FY 1988, compared to $20.3 million in FY 1987. As shown in Figure 1, funding at the State level increased by $400,000 or 6% while sub-State funding increased by $2.6 million or 19%. (A separate analysis of funding sources is provided in Section B below.)

FIGURE 1

Total Funding for State and Sub-State Ombudsman Activities:

FY'87 - FY'88

	FY'87	FY'88
State Level	$6,931,264	$7,408,558
Sub-State Level	$13,370,338	$15,962,746
Total Statewide	$20,301,602	$23,371,304

Staffing

In FY 1988, a total of 10,381 paid staff and volunteers were reported at the State and sub-State levels. This represents an increase in total paid and volunteer staff of 528, or 5% compared to FY 1987. Data on staffing patterns for FY 1987 and FY 1988 are summarized in Figure 2 below.

FIGURE 2

Paid and Volunteer Staff for State and Sub-State Ombudsman Activities: FY 1987-FY 1988
(N= 52 States)

	FY'87	FY'88
Number of Paid Staff 2/		
State Level		
Full-time	139	158
Part-time	24	20
Total	163	178
Sub-State Level		
Full-time	278	303
Part-time	747	757
Total	1,025	1,060
Total Paid Staff Statewide	1,188	1,238
Number of Volunteers		
State Level	278	643
Sub-State Level	8,387 3/	8,500
Total Volunteers Statewide	8,665	9,143
Total Paid and Volunteer Staff Statewide	9,853	10,381

2/ Excludes clerical and administrative staff.
3/ For purposes of national data comparability, includes about 1,400 persons in Texas who were reported by the State as "volunteers" in years prior to FY'87, but were reclassified as friendly visitors in FY'87.

Number of Complaints

The number of complaints has also increased. In FY 1988 128,990 complaints were received compared to 110,413 in FY 1987. Data on the complaint intake process, the disposition of complaints, and the type of complaints reported are summarized in Part II of this report.

B. Funding Sources

Total Statewide Resources

Comparative data on funding sources for ombudsman activities Statewide are summarized in Figure 3 below. Title III-B represented the major share of total resources at both the State and local levels in FY 1987 and FY 1988 (57%, and 54% respectively). Over the same period, the non-Federal percentage has increased (38% in FY 1987 and 41% in FY 1988). Non-Federal monies constitute State funds (including State match), local government funds, private funds, and in-kind resources.

Title III-B and Non-Federal Funds

The Title III-B appropriation for the 52 jurisdictions which operate Ombudsman programs was $267,331,717 in FY 1987 and $266,667,514 in FY 1988. Nationally, the data show a continued increase of Title III-B and non-Federal funds for Statewide ombudsman activities. Total combined Title III-B funds and non-Federal resources used for ombudsman activities Statewide in FY 1988 represented 8.3% of the total Title III-B appropriation for the 52 jurisdictions, compared to 7.2% in FY 1987.

FIGURE 3

Funding Sources for Statewide Ombudsman Activities

(Dollars in Millions)

	FY 1987	% of TOTAL	FY 1988	% of TOTAL
Total III-B & Non-Federal Funds for Ombudsman	$19.3		$22.2	
Title III-B	($11.6)	57	($12.7)	54
Non-Federal	($7.7)	38	($9.5)	41
Other Federal Funds	$1.0	5	$1.1	5
Total Funds	$20.3	100	$23.3	100

PART II. FY'87-88 COMPLAINT STATISTICS

The complaint statistics summarized in Figure 4 below are generally similar to those reported in earlier years, although the total number of complaints has increased.

FIGURE 4

Complaint Statistics for FY'87-88*

	FY 1987	FY 1988
Total Number of Complaints	110,413	128,990
How Complaints Were Investigated		
% By Ombudsman Program Only	75.5 %	73.4 %
% By Some Other Agency Only	13.8 %	11.9 %
% By Ombudsman and Other Agency	9.1 %	11.8 %
% Not Investigated	1.6 %	2.9 %
	100.0 %	100.0 %
Disposition of Complaints		
% Fully or Partly Resolved	65.1 %	64.5 %
% Not Resolved	13.7 %	11.9 %
% Not Acted Upon	12.6 %	11.3 %
% Still Active By End of Fiscal Year	8.5 %	12.4 %
	99.9 %	100.1 %
Against Whom Complaints Were Taken		
% Skilled/Intermediate Care Facility	70.4 %	73.2 %
% Board and Care Facility	14.2 %	13.0 %
% Regulatory or Other Agency	3.6 %	4.1 %
% Any Other	11.8 %	10.8 %
	100.0 %	101.1 %

* Some figures do not total to 100% due to slight inconsistencies in some States' reports.

Nature of Complaints

Since FY 1982 some States have been using a complaint classification scheme recommended by the Administration on Aging. The system records 136 specific problem areas within 9 broad complaint categories. Only 5 States used the recommended format in FY 1982, but in FY 1988 the format was used by 44 States.

The States which used the AoA recommended format in FY 1988 reported a total of 75,237 complaints. Of these, the majority (34.3%) were in the "resident care" complaint category. Figure 5 below shows the distribution of complaints in these 44 States across all nine complaint categories.

FIGURE 5

Total Number of Complaints Within Each of the Nine Major Categories of the AoA Recommended Complaint Documentation System - FY 1988*

Number of Complaints for 52 State Units	=	128,990
Number of Complaints for 44 State Units Using the AoA Documentation System *	=	75,237

Complaints by Category for 44 States

	NUMBER	%
Category A. Resident Care	25,128	34.3 %
Category B. Physician Services	1,450	2.0 %
Category C. Medications	2,064	2.7 %
Category D. Financial	3,606	4.9 %
Category E. Food/Nutrition	7,917	10.8 %
Category F. Administrative	8,962	12.2 %
Category G. Resident Rights	7,632	10.4 %
Category H. Building/Sanitation/Laundry	6,450	8.8 %
Category J Not Against Facility	9,979	13.6 %
Any Other**	2,049	.3 %
	75,237	100.0 %

* The following eight States did not use the AoA recommended classification scheme: Alaska, California, Connecticut, Florida, Idaho, Virginia, Vermont, and West Virginia. It should be noted that of the 53,753 complaints not included in this analysis, 44,545 were in California, which has the largest Statewide Ombudsman program.

** Includes complaints which have slight inconsistencies in the definitions of the complaint categories.

PART III. MAJOR LONG-TERM CARE ISSUES AND RECOMMENDATIONS

In their annual reports, States, with the exception of two, identified the single most important issue of widespread concern within the State which was addressed by the Ombudsmen during FY'88. The issues identified by the States are grouped into the following four broad topic areas: quality of care issues; regulations, enforcement and reimbursement issues; resident rights; and need for improved services.

Quality of Care Issues (22 States)

Issues in this area were related to inadequate conditions and poor quality of care for residents of both long-term care and residential care facilities. Examples include staff shortages, high staff turnover, lack of trained staff, lack of affordable facilities, and inappropriate care for the mentally disabled.

Regulations, Enforcement and Reimbursement Issues (8 States)

Issues identified in this area were focused on the impact of the Medicaid law, regulations and reimbursement; the lack of State legislation governing long-term care facilities, standards for unlicensed personal care facilities and/or legislation to license all long-term care facilities; the enforcement of existing laws and regulations; and the need for overall regulatory reform.

Resident Rights (16 States)

In this area, the States identified issues related to Medicaid discrimination in admissions, pre-admissions, waiting lists, private pay contracts, heavy care patients or bed-hold policy; conversion from private pay to Medicaid; alleged abuse of residents; relocation of residents after involuntary closure of a facility; residents' civil rights violations; inappropriate care for Alzheimer patients; and loss of privacy and the right to make decisions.

Need for Improved Services (4 States)

Examples of issues in this area included: need for more or better social services in long-term care facilities; inadequate monthly personal needs allowance; education of the general public and professional training of local ombudsmen; need for community involvement in facilities, and strategies to ensure access to nursing home residents by ombudsmen.

Recommendation

Since States are still in the process of fully implementing the requirements of the 1987 Amendments related to the long-term care ombudsman program and the major issues identified by States in their annual ombudsman report are adequately being addressed individually, no new legislation or administrative actions are recommended at this time. The Administration on Aging will continue to provide oversight of the efforts by State Agencies on Aging in carrying out their ombudsman program responsibilities.

PART IV. ACTIVE GRANTS UNDER TITLE IV OF OLDER AMERICANS ACT

In order to further enhance and strengthen the capacity building and program effectiveness of the Long-Term Care Ombudsman Program, the Administration on Aging has provided discretionary funding for research and demonstration activities. These efforts will help to stimulate and expand community-based systems of services to improve the quality of life for the elderly throughout this Nation. These research and demonstration strategies will increase the ability of the State Agencies on Aging to shape long-term care policy through the State Long-Term Care Ombudsman Program, and to facilitate the exchange of information between researchers, and professional groups associated with the long-term care issue of our Nation's older persons.

The following awards have been provided by the Administration on Aging to address concrete issues surrounding long-term care and institutional care of the elderly in this country.

NATIONAL AGING RESOURCE CENTER ON THE LONG-TERM CARE OMBUDSMAN PROGRAM

The National Association of State Units on Aging has been awarded $500,000 to manage a National Aging Resource Center on the Long-Term Care Ombudsman Program. This resource center will be supported through September 30, 1991. The Center is established in collaboration with the National Citizens Coalition for Nursing Home Reform to expand the capacity of the nation's State Agencies on Aging in the design, development and administration of a statewide long-term care ombudsman program. The Center objectives are to: 1) assist States in developing and managing effective Statewide programs; 2) conduct activities which enhance the ability of State Agencies to impact on State policy for institutional based long-term care; 3) facilitate effective communication and enhance understanding between the State long-term care ombudsman program and the public, professional groups and the research community; and 4) examine the effectiveness of the ombudsman program in establishing and managing various ombudsman program components. To meet these objectives the Center conducts training, provides technical assistance, disseminates information, conducts surveys and initiates nationally oriented short term activities.

INSTITUTIONAL LONG-TERM CARE

Other long-term care discretionary projects focused on institutional long-term care are:

Demonstration

The South Central Michigan Commission on Aging was awarded $70,880 in Fiscal Year 1987 to research and demonstrate institutional long-term care issues pertinent to the Long-Term Care Ombudsman Program. The project developed and mobilized a range of community-linked activities and services that improved the quality of life for older people residing in nursing homes. The project established a community-linked enrichment program in five nursing homes. This project was supported from September 30, 1987 through January 31, 1989.

Research

The Florida Department of Health and Rehabilitative Services was awarded $126,496 in Fiscal Year 1987 to conduct a study, "Tracer Approach for Measuring Quality of Care in Adult Congregate Living Facilities." The Tracer method evaluates a care delivery system by focusing on a set of "tracer conditions." The Tracer approach was developed by the Brookdale Institute and was examined for applicability to other settings, such as Florida. The Brookdale Institute was a subcontractor and simplified the original version.

The project was supported from September 1, 1987 through April 30, 1989. The study concluded that the psycho-social tracers would be more appropriate than medical tracers and would be particularly useful with a consultive model for licensure inspection. Additional research is needed in this area as well as proposed ways to make the "Tracer" approach a valid way of assessing quality of care. The Final Report will contain a separate report on the Brookdale Institute's work to simplify the Tracer method. The Brookdale Institute is currently searching for additional funds to develop a handbook to enable other regulatory systems, researchers, etc., to adopt the methodology for meeting their own quality assurance needs. Dissemination activities to publicize the findings are underway.

APPENDIX IV

APP IV

DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of the Secretary

Administration on Aging — Washington, D.C. 20201

NOV 21 1989

PROGRAM INSTRUCTION
AoA-PI-90-01

TO : STATE AND AREA AGENCIES ADMINISTERING PLANS UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

SUBJECT : Increased commitment to target services to those older individuals who are in greatest economic or social need, with particular attention to low-income minority older persons and intra-state formulas

LEGAL AND RELATED REFERENCES : Older Americans Act, As Amended

The Administration on Aging (AoA) has reviewed its policy goals and will enhance its commitment to develop and implement new strategies to target more effectively resources and programs on the needs of the most vulnerable older persons, with special emphasis on low-income minority elderly. We are confident that all segments of the national network of services for the elderly share our conviction that substantial improvement on this mandate can and must be achieved as a priority. Although this memorandum emphasizes a particular issue related to this goal (intra-state funding formulas), we anticipate a continuing dialogue and partnership with you on other aspects of services targeting.

BACKGROUND

Since the passage of the Older Americans Act (OAA) in 1965, all persons age sixty or over have been eligible to receive services under the Act, without any restrictions based on income or other personal characteristics. Despite this all inclusive eligibility, the Act requires that special consideration be given to targeting those older individuals who are in greatest economic or social need, with particular attention to low income minority older persons. The terms "greatest economic need" and "greatest social need" are defined in section 302 of the Act

as follows:

> (20) The term "greatest economic need" means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget.
>
> (21) The term "greatest social need" means the need caused by noneconomic factors which include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently.

The 1987 Amendments to the Older Americans Act added the requirement that services be developed and provided with, "particular attention to low-income minority older individuals." This language was added in several places, including sections 305(a)(1)(E), 305(a)(2)(E) and (F), 306(a)(1), 306(a)(5), 307(a)(8), 307(a)(23) and 307(a)(24). The Act is also amended to require that all service provider contracts include details on the presence and needs of the priority target population and how those needs will be met. There is sustained Congressional interest in full and timely implementation of these provisions of the Older Americans Act. The General Accounting Office is conducting surveys to support Congressional oversight of this aspect of the Act.

The Administration on Aging and State and Area Agencies on Aging have encouraged and supported strategies and initiatives to raise the level of participation of the priority groups of elderly people required in the Older Americans Act. The Administration on Aging recently convened a Commissioner's Roundtable that included the Executive Directors of the National Association of State Units on Aging and the National Association of Area Agencies on Aging. National minority aging organizations were also invited including; the National Indian Council on Aging, the National Caucus and Center on Black Aged, Asociacion Nacional Pro Persones Mayores, the Pacific/Asian Resource Center on Aging, and AoA's National Resource Center on Minority Aging. The meeting also included a State Agency on Aging Director, an Area Agency on Aging Director and a service provider agency representative. We generally agree that, despite many sincere and significant efforts, the level of services to the low-income minority, nationwide, should be significantly improved.

DISCUSSION

States and Area Agencies on Aging are employing many strategies and methods to improve the participation level of low-income minority elderly in Older Americans Act Programs. These approaches include: hiring more minority staff; training of staff to improve sensitivity to and effectiveness with the minority

elderly; placing the service delivery sites in locations where they are more accessible to the target population; encouraging contracts and grants with minority firms and organizations for the provision of services; carefully monitoring the content and execution of area and service plans to assure a substantial effort and achievement in this area; revising the intra-state funding formula and a number of other useful approaches [See Information Memorandum 89-11 for further examples and descriptions]. Each of these methods is worthy of lengthy discussion and should be evaluated and implemented, as applicable. State and Area Agencies on Aging should meet to review their current efforts on this issue and cooperatively develop action plans to achieve the goals established.

At this time, we wish to point out the potential usefulness of the intra-state funding formula as a means of increasing the funds available for services to low-income minority elderly. Although the Act requires that each State review its intra-state funding formula when it submits a new State Plan, current circumstances may warrant a change in your intra-state funding formula. The intra-state funding formula required by section 305(a)(2)(C) of the Act and section 1321.37 of the Title III regulations provides a basic means by which the State Agency on Aging can assure that funds received under the Act are directed in an appropriate manner to those planning and service areas of the State in which older persons in the greatest economic or social need reside. Section 1321.37(a) sets forth the basic requirements which the State Agency must follow in developing its intra-state funding formula as follows:

> The State agency, after consultation with all area agencies in the State, shall develop and use an intra-state funding formula for the allocation of funds to area agencies under this part. The State agency shall publish the formula for review and comment by older persons, other appropriate agencies and organizations and the general public. The formula shall reflect the proportion among the planning and service areas of persons age 60 and over in greatest economic or social need with particular attention to low-income minority individuals. The State agency shall review and update its formula as often as a new State plan is submitted for approval.

Recently the intra-state funding formula has become the focus of extensive discussion within the network and, in some instances, has become the basis for legal action brought against States by parties that challenged whether a particular formula was consistent with the intent and letter of the Older Americans Act. In the Florida case, Meek v. Martinez, guidelines for the State's intra-state formula emerged which include:

> (a) that the requirements of the Act establish mandatory obligations;

(b) that Area Agency on Aging plaintiffs can sue to enforce their rights to an Older Americans Act formula that reflects the requirements of the Act and its implementing regulations;
(c) that Title VI of the Civil Rights Act of 1964 (1) and the 14th Amendment to the Constitution (2) are proper vehicles to enforce rights created under the Act;
(d) that a State can be sued when, under its authority as a State, it fails to comply with the requirements of the Act and thereby deprives elderly individuals of services that they would otherwise receive (3);
(e) that the 65+ Living Alone factor, at least in Florida, moves funds away from those Area Agencies with the largest concentrations of minority elderly since they tend to live with others and does not identify "social isolation";
(f) that the 75+ factor in Florida discriminates against minorities because minorities generally become frail at earlier ages and have shorter life expectancies. The court also found 75+ to be a poor indicator for frailty [In a revised intra-state formula the State uses a restriction in two Activities of Daily Living (ADL's) as an indicator for frailty]; and
(g) that the 60+ Below Poverty Level factor fails to include low-income minorities who are not below poverty.

In another case, Appalachian Agency for Senior Citizens, the plaintiffs argued that the State had assigned insufficient weight to the poverty factor. In this case, which upheld the Virginia intra-state funding formula, the court stated that:

(a) the Older Americans Act is not a poverty program;
(b) the court recognized the importance of addressing both social and economic needs in reasonable fashion; and
(c) as required by Federal regulations, a State Agency is to consider the views of Area Agencies and older individuals in developing its State Plan for administering Older Americans Act services and programs.

The ruling of the court in this case is under appeal. Also, the State of Virginia has adopted a new intra-state formula which will be effective in Fiscal Year 1990.

(1) 42 U.S.C. sec. 2000d et seq. Title VI prohibits discrimination based on race, color, or national origin in federally funded programs.
(2) Guaranteeing equal protection of the laws with respect to activities of a State and those acting under its authority.
(3) See 42 U.S.C. sec. 1983.

REVIEW OF INTRA-STATE FUNDING FORMULAS

The preceding legislative and legal developments, in addition to the need for more progress nationally in expanding services to the low-income minority elderly, indicate that States should review their intra-state funding formulas. State Agencies on Aging should address the following issues related to the intra-state funding formula:

- Has the formula been developed after consultation with all of the area agencies in the State?
- Has the State agency published the formula for review and comment by older persons and the general public?
- Did the publication for review and comment include:
  - A descriptive statement of the formula's assumptions and goals, and the application of the definition of greatest economic or social need?
  - A numerical statement of the actual funding formula to be used?
  - A listing of the population, economic, and social data to be used for each planning and service area in the State?
  - A demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State?
- Does the formula take into account, to the maximum extent feasible, the best available statistics on the geographical distribution of individuals aged 60 or older in the State?
- To what extent do specific factors and weights in the formula increase or decrease funds available for services to low-income minority elderly in each planning and service area?
- Does the formula reflect the proportion among the planning and service areas of persons aged 60 and over in greatest economic or social need, with particular attention to low-income minority individuals?

We have asked your Regional Program Director on Aging to review the intra-state formula for each State in terms of these questions within the next 45 days. When the review is complete, the Regional Program Director will contact you to discuss the intra-state funding formula and other steps that can be taken to achieve substantial progress in this area. We will review progress for each State on this issue with the Regional Program Director.

We are also concerned that single planning and service area States take direct action to assure that priority is given to providing services to the low-income minority elderly. We suggest that your official procedures for allocating funds within your single planning and service area State contain specific factors to allocate funds to areas where low-income minority elderly reside.

CONCLUSION

This memorandum emphasizes one approach to targeting services to the most vulnerable older persons, with special emphasis on low-income minority elderly. The Administration on Aging will pursue the broader issue as a priority on a continuing basis. With your continued commitment to make changes that will produce tangible results, we can reach out and serve the people that most need assistance. We share a responsibility proactively to implement policies that work. We would be pleased to hear suggestions from you about truly effective approaches that would achieve a substantial national increase in resources to serve low-income minority people.

EFFECTIVE DATE : Effective Immediately.

INQUIRIES TO : State and Area Agencies should address inquiries to Regional Program Directors on Aging, HHS Regional Offices.

Joyce T. Berry

Joyce T. Berry, Ph.D.
Acting Commissioner on Aging

APPENDIX V

APP V

Congressional Research Service
The Library of Congress

Washington, D.C. 20540

February 6, 1990

TO : Honorable Thomas J. Downey
Attention: John Olinger and Bob Blancato

FROM : Carol O'Shaughnessy
Specialist in Social Legislation
Education and Public Welfare Division

SUBJECT : **Issues in Development of Private Sector Initiatives under the Older Americans Act**

This memo is in response to your request for a brief review of Older Americans Act provisions which might serve as impediments to the involvement of State and area agencies in certain private sector initiatives. Specifically, you are interested in to what extent does current law allow State and area agencies on aging to engage in cooperative relationships with private sector organizations with the purpose of assisting such organizations in elder care initiatives. A further question is to what extent may an agency established under the authority of the Older Americans Act enter into an agreement with a private, profitmaking organization to conduct activities that may benefit older persons and receive compensation for services provided.

As I have discussed with your staff, this memo raises certain issues with respect to the general question. Other questions related to the incentives or barriers to arrangements between title III-funded organizations and private organizations may surface as the Act is reviewed for reauthorization over the next year. It appears that this issue is being reviewed by the Administration on Aging (AoA); the AoA review may highlight additional questions. A related concern not addressed in this memo is to what extent area agencies on aging are allowed to become involved in the provisions of case management services for the elderly on a fee for service basis.

Background

In recent years, there has been an increasing interest among employers to develop ways of assisting employees who have caregiving responsibilities for older family members. This interest has occurred as a result of the recognition by employers that employee elder caregiving responsibilities may affect workplace performance as well as the ability of employers to retain experienced workers at a time when there are labor shortages in certain sectors. It has also occurred as a result of the desire of some employers to

develop more flexible employee benefit plans to assist an increasingly aging work force. A number of workplace surveys have indicated that as many as one quarter of employees may have elder care responsibilities.[1] A 1987 survey of 100 corporations randomly selected from a list of 1,000 businesses found that about 5 percent of companies had elder care support programs underway. More companies indicated that they were investigating elder care as a benefit issue.[2]

The literature on this subject suggests that elder care support services will become of greater concern to employers in coming years as the number of workers with adult caregiver responsibilities grows due to the aging of the population and the continual high workforce participation among women who have traditionally assumed the caregiving role for older family members. As employers seek to address these issues, they will look to agencies and organizations with the capacity to assist in developing elder care assistance programs. Some observers believe that the network of State and area agencies authorized and funded under title III of the Older Americans Act is in a good position to assist employers in these initiatives. At the same time, some observers have indicated that the Act may present certain barriers to such cooperative relationships or that the law is unclear as to what roles the title III-funded network can or should assume in this regard. Some have specifically questioned what impact certain title III statutory provisions may have on aging network/private sector initiatives.

In general, in recent years State and area agencies have developed a variety of cooperative arrangements with private organizations with the aim of improving services for older persons. In 1987, the National Association of State Units on Aging and the Washington Business Group on Health published a document describing a number of initiatives where State and area agencies have assisted private, for-profit organizations. Functions performed by State and area agencies for private sector organizations include, for example, training of older workers, training of employees on the needs of and resources available for older persons, joint sponsorship of conferences on aging, and development of materials and media on aging services.[3] Some of these State and local activities have included employee elder care initiatives.

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[1]Creedon, Michael A. and Marjorie Tiven. *Eldercare in the Workplace.* National Council on the Aging and National Association of State Units on Aging. Washington, D.C., p. 21. (Hereafter cited as Creedon and Tiven.)

[2]University of Bridgeport. Center for the Study of Aging. *Issues for An Aging America: Employees and Eldercare: A Briefing Book.* Bridgeport, Conn., 1987, p. 3; Creedon and Tiven, p. 23.

[3]National Association of State Units on Aging and Washington Business Group on Health. *Public/Private Partnerships in Aging, A Compendium.* Washington, D. C., 1987.

At the Federal level, AoA in recent years has used some of its discretionary funds under title IV of the Act to encourage private sector initiatives. A significant on-going project is an award to the Washington Business Group on Health, a national membership organization representing about 200 local business and health coalitions. The purpose of the title IV grant is to establish model partnerships between business communities and State and area agencies on aging to promote policies and programs to meet needs of employed caregivers.

Legislative Provisions

As indicated in the brief background above, AoA as well as State and area agencies on aging have developed a variety of cooperative arrangements with private sector organizations on a number of issues, including elder care initiatives. Clearly, some cooperative relationships between the network on aging and the private sector would fall within the goals and intent of the Act. The rationale for these relationships is at least partially based on the fact that AoA and State and area agencies on aging, at their respective levels, are to be focal points for the coordination and promotion of aging services. Such cooperative efforts may include, for example, providing assistance to organizations seeking assistance and information on services and benefits for older persons or joint sponsorship of conferences.

The question as to how the Older Americans Act legislation serves to encourage or impede these kinds of initiatives might be addressed through a review of a number of provisions. These provisions are discussed briefly below. In summary, there are two provisions under title II of the Act which require AoA to work with private sector organizations, including profitmaking organizations. There are other sections of the law which may be interpreted to mitigate potential efforts by the title III State and area agency services network to develop contractual fee-for-service arrangements with private, for profit organizations. The Older Americans Act itself does not appear to directly address the specific case of to what extent State and area agencies established under the authority of the Act may receive compensation as a result of a contractual arrangement with the private, for-profit sector, or to what extent such assistance can or should be done gratis.

1. Functions of the Commissioner

Two provisions under title II require AoA to work with the public and private sector organizations, including profitmaking organizations. Section 202(a)(12) requires AoA to:

> coordinate, and assist in, the planning and development by public (including Federal, State, and local agencies) and private organizations or programs for older individuals with a view to the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such individuals; . . .

Section 202(a)(16) requires AoA to:

> provide information and assistance to private organizations for the establishment and operation by them or programs and activities related to the purposes of this Act; . . .

These provisions were added by the 1981 amendments to the Act. Prior law had qualified the private organizations that AoA was required to assist by specifying that they be *nonprofit* organizations. The 1981 provision removed the qualification that such private organizations be only nonprofit. The report of the Committee on Education and Labor which accompanied H.R. 3046, the Older Americans Act Amendments of 1981, indicated that the intent of these provisions was:

> to place private profitmaking organizations or institutions on equal footing with public and private nonprofit entities. Proposed changes in the functions of the Commissioner would make it a duty of the Commissioner to coordinate planning and development of programs for older individuals by private profitmaking groups, as well as public and private nonprofit groups as is currently the case. It further adds as a duty of the Commissioner that he or she provide information and assistance to profitmaking organizations for the establishment and operation by them of programs and activities related to the purposes of this Act, as well as to public and private nonprofit groups, as is currently the case.[4]

The report language accompanying these provisions appears to indicate congressional intent that the Commissioner on Aging work with private organizations, including profitmaking organizations, to assist them to coordinate and plan the development of programs for older persons, as well as to provide information to such organizations. In general, however, Federal agencies are prohibited from receiving

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[4] U.S. Congress. House. Committee on Education and Labor. Older Americans Act Amendments of 1981. Comm. Rept. No. 97-70, May 19, 1981, p. 9. A related provision added in the 1981 amendments removed a prior law requirement in Sec. 212 that title III-funded agencies contract with profitmaking organizations, such organizations must demonstrate clear superiority with respect to the quality of services provided. Although this provision was considered together with the two Sec. 202 amendments discussed here, it does not seem relevant to this discussion since it appears to relate to the award of contracts by title III grantees. It does not appear to relate to situations where, for example, area agencies on aging may themselves be recipients of funds from private organizations. During the period of review of the Act for reauthorization in 1991, the Subcommittee may wish to inquire further into the meaning and scope of this provision.

compensation from the private sector, unless specifically authorized to do so.

2. State/Area Agency Cooperative Arrangements

The general purpose of the title III program calls for State and area agencies on aging to coordinate services on behalf of the elderly and to serve as visible advocates for their constituency. In accomplishing these goals, the law calls upon State and area agencies to work with a variety of agencies and organizations. As set out in Sec. 301(a) of the Act, the purpose of title III is:

> to encourage and assist State and area agencies to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated services systems to serve older individuals by entering into new cooperative arrangements in each State with State and area agencies, with Indian tribes, tribal organizations, and Native Hawaiian organizations, and with the providers, including voluntary organizations, of supportive services, including nutrition services and multipurpose senior centers, for the planning, and for the provision, of supportive services, nutrition services, and multipurpose senior centers. . .

Although the title III goals indicate that State and area agencies are to work with a number of agencies and organizations to develop programs to assist older persons, the goals do not specifically mention cooperative relationships with private organizations that are other than voluntary.

3. Prohibition on Providing Direct Service

Sec. 307(a)(10) prohibits State and area agencies from directly providing services. Certain exceptions are specified in the law. State and area agencies may directly provide services if (a) such provision is necessary to assure an adequate supply of such services; (b) where such services are directly related to the State or area agency administrative functions, or (c) where services can be provided more economically by the State or area agency.

The development of contractual arrangements between title III agencies and the private sector may have to be evaluated in the context of the general prohibition on providing direct services, and in light of the exceptions provided by the law. For example, if area agency on aging staff conduct an elder care initiative with a private company on behalf of its employees, would this be considered a direct service or would such an initiative be considered as part of area agency administrative functions?

4. Targeting of Services to Those in Greatest Social or Economic Need

Various sections of the law require that services provided through the title III program be focused on those in greatest social or economic need. Social need is defined as need caused by noneconomic factors, including physical and mental disabilities, language barriers, and cultural or social isolation, among other factors. Economic need is defined as income at or below the Federal poverty level.

If title III-funded agencies carry out contractual arrangements with private sector organizations to conduct various activities on behalf of the elderly, including elder care initiatives, how do such initiatives comport with the targeting requirements? How can it be assured that such efforts will be focused on those with the greatest social or economic need?

5. Prohibition on Fees for Service

The law and regulations require that State and area agencies provide older persons with an opportunity to voluntarily contribute toward the cost of services. Mandatory fees from older persons are prohibited.

If title III-funded agencies enter into contractual arrangements with private organizations and receive compensation for services provided, how are such contractual arrangements to be viewed in the context of the prohibition on mandatory fees? If, for example, an employer pays a fee to a title III-funded organization for services rendered to employees under an elder care initiative, is the fee to be considered a fee paid on behalf of older family members of the employees, or would the fee be considered part of an employee benefit plan and therefore of benefit to the employee and only indirectly to the older family member?

6. Other Issues

Other issues to be addressed include the following:

If employee assistance programs continue to expand, employers will look to organizations with expertise in the field of aging to assist them in their initiatives. Does the title III network on aging have the capacity to assist in these efforts?

If State and area agencies become involved in private sector initiatives, including elder care services, on a broad scale, what impact will this have on the capacity of the network to carry out its current statutory responsibilities, such as coordination and advocacy activities in the field of aging as well as management of the nutrition, supportive services, in-home, and ombudsman programs, among other responsibilities?

If State and area agencies are prevented from entering into cooperative arrangements with the private sector and to receive compensation for such efforts, will the network lose an opportunity to capitalize on private sector resources at a time when public resources are limited? Will other agencies and organizations rise up and be competitors to the aging services network in these activities? How will this affect the ability of the State and area agencies to recruit personnel to carry out the Older American Act functions?

If area agencies are allowed to undertake endeavors with the private sector, such as assistance to private corporations for the development of elder care assistance programs, how can such initiatives be meshed with the overall mission of area agencies? Would such initiatives interfere with the title III mission as now written? If so, should these kinds of initiatives be specifically included in title III so as to incorporate them under the statutory mission of State and area agencies?

If title III-funded agencies are to become more involved with private sector initiatives, would area agencies have to create independent entities to carry out private sector cooperative relationships in order to circumvent certain legislative provisions perceived to be barriers (such as the prohibition on direct services, targeting requirements, etc.)? Would such efforts necessitate a separate system of services under the title III program umbrella?